



# APPLICATION FOR FUNERAL DIRECTOR COURTESY CARD

State Form 54983 (R6 / 12-21)

**STATE BOARD OF FUNERAL AND CEMETERY SERVICE  
PROFESSIONAL LICENSING AGENCY**  
402 West Washington Street, Room W072  
Indianapolis, Indiana 46204-2700  
Telephone: (317) 234-3031  
E-mail: pla12@pla.IN.gov  
www.pla.IN.gov

- INSTRUCTIONS:**
1. The fee for this application is \$150.00, payable to the Indiana Professional Licensing Agency, in accordance with 832 IAC 2-1-2.
  2. Completed application and fees should be mailed to the address listed in the upper right hand corner of this form.
  3. All fees are non-refundable and non-transferable.
  4. Please refer to the instructions on our website, [www.pla.IN.gov](http://www.pla.IN.gov), for the licensing requirements.
  5. Request Certification of License from all states licensed as a Funeral Director.
  6. Certification must be sent from the State directly to the above mailing or e-mail address.

\* Your Social Security Number is being requested by this agency in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.

### FOR OFFICE USE ONLY

Application fee	Date fee paid (month, day, year)	Receipt number
License number	Date license issued (month, day, year)	License obtained by

**DO NOT WRITE ABOVE THIS LINE**

### APPLICANT INFORMATION

Name of applicant (last, first, maiden)		Social Security Number*
Address (number and street, city, state, and ZIP code)		
Telephone number (daytime) ( )	Email address	Date of birth (month, day, year)
Pursuant to IC 12-32-1-5 and IC 12-32-1-6, I swear under the penalty of perjury that: (Please select one of the following.) <input type="checkbox"/> I am a United States Citizen. <input type="checkbox"/> I am a qualified alien (as defined under 8 U.S.C. § 1641). <input type="checkbox"/> I am authorized by the Federal Government to work in the United States.		
Are you the spouse of a member of the military who is assigned to a duty station in Indiana? (Optional)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you an active duty member of the military? (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No

### LICENSING INFORMATION

You must hold a valid license in a bordering state that issues a courtesy card or similar permits to funeral directors licensed in Indiana to qualify for a funeral director courtesy card.

State licensed as a funeral director	License number
State licensed as a funeral director	License number
State licensed as a funeral director	License number
State licensed as a funeral director	License number

**QUESTIONS**

If your answer is "Yes" to any of the following, explain fully in a sworn affidavit, including all related details, and provide copies of all relevant arrest or court documents. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of the license or permit issued pursuant to this application.

- Have you ever committed an act that would constitute a violation under IC 25-1-11?  Yes  No
- Have you ever committed an act for which you could be disciplined under IC 25-8-14?  Yes  No
- Except for minor violations of traffic laws resulting in fines, and arrests or convictions that have been expunged by a court*
- (1) have you ever been arrested;  Yes  No
  - (2) have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony in any state;  Yes  No
  - (3) have you ever been convicted of any offense, misdemeanor, or felony in any state;  Yes  No
  - (4) have you ever pled guilty to any offense, misdemeanor, or felony in any state; or  Yes  No
  - (5) have you ever pled *nolo contendere* to any offense, misdemeanor, or felony in any state?  Yes  No

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency any files, documents, records or other information pertaining to the undersigned requested by the Agency or Board, or any of its authorized representatives in connection with processing application for licensure.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions from any liability with regard to such inspection or furnishing of any information.

I further authorize the Professional Licensing Agency to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions any information which is material to my application, and I hereby specifically release the Agency from any and all liability in connection with such disclosures.

A photostatic copy of this authorization has the same force and effect as the original.

**AFFIRMATION**

I affirm, under penalties for perjury, that the foregoing representations are true.

Signature of applicant

Date (month, day, year)