



# APPLICATION FOR FUNERAL HOME LICENSE

State Form 45268 (R8 / 9-17)

Approved by State Board of Accounts, 2017

**STATE BOARD OF FUNERAL & GEMETERY SERVICE  
PROFESSIONAL LICENSING AGENCY**  
 402 West Washington Street, Room W072  
 Indianapolis, Indiana 46204  
 (317)-234-3031  
 E-mail: [pla12@pla.IN.gov](mailto:pla12@pla.IN.gov)  
[www.pla.IN.gov](http://www.pla.IN.gov)

- INSTRUCTIONS:**
1. The fee for this application is \$50.00, 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.

\* Your Federal Identification and Social Security number is being requested by this state 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 issued	Date license issued (month, day, year)	License obtained by

### DO NOT WRITE ABOVE THIS LINE

Name of funeral home		Federal Identification number *
Address of funeral home (number and street, city, state, and ZIP code)		
Telephone number ( )	E-mail address	
If purchase of a previously licensed funeral home, indicate license number of that funeral home		
Have pre-need contract holders been notified of the sale of the funeral home? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, include a sample copy of the letter.	If no, when will the notice be mailed?
Name of owner	Type of owner (check one) <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	
Address (number and street, city, state, and ZIP code)		Social Security number *
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).		

Names, titles and principal addresses of residence of the partners, directors or other executive officers:

NAME	TITLE	ADDRESS (number and street, city, state, and ZIP code)

Name of the manager who will be in charge of the funeral home	License number
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Names and license numbers of all funeral directors/embalmers and funeral director interns who will be performing services at or on behalf of the funeral home:

NAME	LICENSE NUMBER

I understand that providing fraudulent information may be grounds for refusal to issue the license for which I am applying or for disciplinary action against the license which may be issued.

Signature of applicant	Date (month, day, year)
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