



# APPLICATION FOR FUNERAL HOME LICENSE

State Form 45268 (R9 / 02-26)

Approved by State Board of Accounts, 2017

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

If your answer is "Yes" to any of the following, explain fully in a signed written statement, 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.

1. *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

2. Have you ever had any complaint filed against you with the State Board of Funeral and Cemetery Service of any other state?