APPLICATION FOR FUNERAL DIRECTOR EXAMINATION

State Form 45267 (R7 / 8-14)

Approved by State Board of Accounts, 2014

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

INSTRUCTIONS:
1. *Include examination fee of $50.00.*
2. *Include the license fee of $50.00 and a photograph of yourself with your completed application.*
3. *Third quarter case report must be on file or included with this application.*

* Your 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 applicant		Social Security number *
Address (*number and street, city, state, and ZIP code*)		
Telephone number ( )	Funeral director intern license number	E-mail address

Except for minor violations of traffic laws resulting in fines, and arrests or convictions that have been expunged by a court, ☐ Yes ☐ No

(1) have you ever been arrested;
(2) have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony in any state;
(3) have you ever been convicted of any offense, misdemeanor, or felony in any state;
(4) have you ever pled guilty to any offense, misdemeanor, or felony in any state; or
(5) have you ever pled *nolo contendre* to any offense, misdemeanor, or felony in any state?

I certify that I am the above named applicant, that I have personally prepared the foregoing application, and that the same is true and correct to the best of my knowledge and belief. 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 signed (*month, day, year*)