



APPLICATION FOR FUNERAL DIRECTOR LICENSE
State Form 45265 (R12 / 1-22)

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

- INSTRUCTIONS:**
1. The fee for this application is \$100.00 (a \$50.00 application / license fee and a \$50.00 examination fee). Payable to the Indiana Professional Licensing Agency, in accordance with 832 IAC 2-1-2 (d) and (k).
 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. Reciprocity Applicants must contact the state(s) in which you hold / have held a funeral director license to request that they send license certification to the address listed in the upper right hand corner of this form.
 5. Examination Applicants must have their third quarter case report on file or included with this application.
 6. After your application is reviewed and approved by the State Board of Funeral and Cemetery Service, you will be scheduled for the next available Funeral Director examination.

* This agency is requesting disclosure of your Social Security Number 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

BASIS FOR LICENSURE

- Examination Reciprocity

APPLICANT INFORMATION

Name of applicant (last, first, middle)		Social Security Number*
Address (number and street or rural route number)		City, state, and ZIP code
Date of birth (month, day, year)	Telephone number (daytime) ()	
Email address		
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

LICENSE INFORMATION

List all licenses you have held or hold in any state.

STATE	TYPE OF LICENSE, CERTIFICATE, REGISTRATION OR PERMIT	NUMBER	DATE ISSUED (month, day, year)	CURRENT STATUS

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 or with the Funeral and Cemetery Board of any other 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 any of its authorized representatives in connection with processing my 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)