



APPLICATION FOR FUNERAL HOME BRANCH LICENSE

State Form 48444 (R4 / 8-16)

Approved by State Board of Accounts, 2016

**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. All fees are non-refundable and non-transferable.
 3. Please refer to the instructions on our website, www.pla.in.gov, for the licensing requirements.

* 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

Name of funeral home branch		
Address (number and street, city, state, and ZIP code)		
Telephone number ()	E-mail address	Federal Identification number *
Name of funeral home with which branch is affiliated		License number of funeral home
Name of manager in charge of funeral home branch		License number of manager
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 branch:		
Name		License number
Name		License number
Name		License number
Name		License number

VERIFICATION AND SIGNATURE	
I certify that I personally completed this application, and that the information appearing hereon 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 (month, day, year)