

Louisiana Cemetery Board

3445 N. Causeway Blvd., Suite 509

Metairie, LA 70002

Telephone (504) 838-5267 - Toll Free 1-866-488-5267 - Fax (504)838-5289

Website: www.lcb.state.la.us

Individual's Questionnaire

I, _____, submit the following information to the Louisiana Cemetery Board, for its use as part of the Application for Abandoned Cemetery Sales and Management License filed by: _____, (*Applicant*) pursuant to R.S. 8:411 et seq.)

1. State any other names you have used or are known by, including married names: _____

2. Residence Address: _____
City: _____ County/Parish: _____ State: _____ Zip Code: _____

3. Business Address: _____
City: _____ County/Parish: _____ State: _____ Zip Code: _____

4. Date of Birth: _____ Last four digits of Social Security Number: XXX-XX-_____

5. Home telephone: _____ Business telephone: _____
E-mail Address: _____

6. Relationship to *Applicant*: _____
(Position held)

7. How much time will you devote to the business of the *Applicant*? _____

8. Will you receive compensation from the Applicant for services rendered? YES: _____ NO: _____

9. Do you have ancestors buried within the abandoned cemetery for which the license is being applied?
YES: _____ NO: _____ If YES, provide information below: (*Attach additional sheets if necessary*)

Name of ancestor: _____ Relationship: _____

Name of ancestor: _____ Relationship: _____

Name of ancestor: _____ Relationship: _____

Name of ancestor: _____ Relationship: _____

Name of ancestor: _____ Relationship: _____

Name of ancestor: _____ Relationship: _____

Name of ancestor: _____ Relationship: _____

Name of ancestor: _____ Relationship: _____

10. Other Business Affiliations: Provide a list of all business entities or organizations with which you are presently affiliated.
(*Attach additional sheets, if necessary*) If none, so state.

Business Name & Location: _____

Nature of Business: _____

Affiliation: _____

Business Name & Location: _____

Nature of Business: _____

Affiliation: _____

Business Name & Location: _____

Nature of Business: _____

Affiliation: _____

11. Complete the following to show employment history for the past five (5) years. (Attach additional sheets if necessary)

Business Name & Address: _____
City: _____ County/Parish: _____ State: _____ Zip Code: _____
Nature of Business: _____
Position held: _____ Dates of Employment: From _____ To _____

Business Name & Address: _____
City: _____ County/Parish: _____ State: _____ Zip Code: _____
Nature of Business: _____
Position held: _____ Dates of Employment: From _____ To _____

Business Name & Address: _____
City: _____ County/Parish: _____ State: _____ Zip Code: _____
Nature of Business: _____
Position held: _____ Dates of Employment: From _____ To _____

12. Have you ever been convicted of a felony? YES: _____ NO: _____

13. Have you, or any company of which you are, or were then, an owner, partner, stockholder, member, officer, director, LLC manager, general manager, etc., ever been the subject of a governmental enforcement action or had a license, registration or the equivalent, to practice any profession or occupation, or to engage in, operate or conduct any business, denied, revoked, suspended, or otherwise acted against? YES: _____ NO: _____

14. Have you, or any company of which you are, or were then, an owner, partner, stockholder, member, officer, director, LLC manager, general manager, etc., been subject to bankruptcy proceedings or had a judgment filed against you or the entity, either present, past or pending? YES: _____ NO: _____

IMPORTANT: FOR EVERY "YES" ANSWER TO QUESTIONS 12, 13, & 14 ABOVE, ATTACH A COPY OF ALLEGATIONS AND FINAL DISPOSITION OF THE CASE(S), OR THE NAME AND LOCATION OF THE COURT(S) IN WHICH THE PROCEEDINGS ARE PENDING.

NOTICE: A CURRENT CREDIT REPORT FROM A CREDIT BUREAU FOR THE INDIVIDUAL NAMED HEREIN MUST ACCOMPANY THIS QUESTIONNAIRE.

CERTIFICATION

I hereby certify that the information presented herein is true and correct to the best of my knowledge and belief, that said information is submitted voluntarily to the Louisiana Cemetery Board as essential data in connection with the Application for Abandoned Cemetery Sales and Management License filed by the *Applicant* named herein.

Signature

SWORN TO AND SUBSCRIBED before me this

_____ day of _____, 20_____.

NOTARY PUBLIC

Print name of Notary: _____

Notary number: _____

My Commission Expires: _____

PLEASE RETURN THIS FORM TO:
Louisiana Cemetery Board
3445 N. Causeway Blvd., Suite 509
Metairie, LA 70002