

**Louisiana Cemetery Board**  
3445 N. Causeway Blvd., Suite 509  
Metairie, LA 70002-3758  
Telephone (504)838-5267 – Toll Free 1-866-488-5267 - Fax (504)838-5289  
Website: [www.lcb.state.la.us](http://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 Certificate of Authority filed by \_\_\_\_\_, (*Applicant*) pursuant to R.S. 8:71.

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*: \_\_\_\_\_  
*(Office held and % of Ownership)*
7. How much time will you devote to the business of the *Applicant*? \_\_\_\_\_
8. 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: \_\_\_\_\_

9. 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 \_\_\_\_\_

10. Have you ever been convicted of a felony? YES: \_\_\_\_\_ NO: \_\_\_\_\_

11. Have you, or any company of which you are, or were then, an owner, partner, principal 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: \_\_\_\_\_

12. Have you, or any company of which you are, or were then, an owner, partner, principal 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 10, 11, & 12 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 Certificate of Authority 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