



Board of Funeral Services

Funeral Establishment

Application Manual

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Application for Funeral Establishment

1. Click the “Select” button to the right of the Funeral Establishment. Ensure you are selecting the correct option by reading the details below each license type.

Funeral Establishment

Funeral Establishment means every office, premises, or place of business where the practice of funeral service or direct disposition is conducted or advertised as being conducted, as outlined in the Funeral Services Act.

Select

2. At any time of the application, you can select the “Save for later” option to save a draft of the application that you can return to and complete at your convenience. This will ensure you don’t lose any progress you have made if you can’t complete the application in one sitting.

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Introduction

Thank you for starting your application for a license with the New Mexico Regulation and Licensing Department. This licensing portal will guide you through the licensing requirements and allow you to save your work and return to your application if you do not complete it all at one time.

This application will confirm that each individual applying meets all requirements for licensure set by either state statute or rules governing the profession. These licensing requirements, along with continuing education, regular renewals, and compliance monitoring assist to safeguard the profession and certify that licensees meet minimum education, training, and health and safety standards to ensure public trust.

If you have further questions regarding licensure or the Regulation and Licensing Department Boards and Commissions Division, please visit the website at www.rld.nm.gov/boards-and-commissions/. Each Board and Commission have their own webpage with specific requirements for licensure, continuing education, renewals, public meeting information, and a direct phone number and email to their respective administrator and other support staff who can be reached for help.

If you are ready to apply, please click the Next button to begin your application.



Please ensure that you are applying for the correct license, permit or exam approval. Incorrect applications or those submitted in error may result in delays or additional application fees. Please note all fees are non-refundable even if the application is denied or withdrawn.

Save for later

Next

3. On the Introduction page, read through the information and select the “Next” button on the bottom right of the screen when you are done.

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Introduction

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Save for later

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4. On the Basic Information page, verify that all information is valid and up to date.



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Basic Information

Carefully verify that all contact information is current and correct.

Communication regarding licensing and renewals may be sent through email, and any official legal communication regarding complaints and discipline will be sent to the mailing address on file. It is required that every applicant and licensee maintain a current email and mailing address with the board where mail is checked regularly.

Name changes or other updates to your personal information cannot be processed on this page. Any such changes must be made by clicking on the "My Profile" button below.

Note: If you change any profile information, you will need to restart your application, so that your application reflects your updates.

[My Profile](#)

▼ **Applicant Information**

*First Name Middle Name *Last Name

Any other name(s)

*Phone Number *Email Address

▼ **Mailing Address**

*Mailing Street

*Mailing City *Mailing State

Mailing County (if in New Mexico) *Mailing Zip

*Mailing Country

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- a. If **Yes**, select the “Next” button at the bottom right of the page.

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Basic Information

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[My Profile](#)

▼ **Applicant Information**

*First Name Middle Name *Last Name

Any other name(s)

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▼ **Mailing Address**

*Mailing Street

*Mailing City *Mailing State

Mailing County (if in New Mexico) *Mailing Zip

*Mailing Country

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- b. If **No**, select the “My Profile” button at the top left to update your information.

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Basic Information

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Note: If you change any profile information, you will need to restart your application, so that your application reflects your updates.

My Profile

Applicant Information

* First Name Middle Name * Last Name

Any other name(s)

* Phone Number * Email Address

Mailing Address

- Select the “Edit” button at the bottom right of the page.

My Profile

Person Information

* First Name Middle Name * Last Name

Have you ever used another name under which records relating to your application, education, training or experience may be filed?

Race Ethnicity Preferred Language Are you a New Mexico Resident ?

Date of Birth Gender

Primary Phone No Business Phone No

Identifier Type Identifier Number

ESN

Mailing Address

Mailing Street

City State/Province

Country Zip Code County (If in New Mexico)

Edit

- Enter in all relevant updated data and select “Save” at the bottom right when completed.

My Profile

Person Information

*First Name Middle Name *Last Name

Have you ever used another name under which records relating to your application, education, training or experience may be filed?

*Race *Ethnicity *Preferred Language *Are you a New Mexico Resident?

*Date of Birth *Gender

*Primary Phone No Business Phone No

*Identifier Type *Identifier Number

Mailing Address

*Mailing Street

*City State/Province

Country *Zip Code County (If in New Mexico)

Cancel Save

You will need to restart your application to ensure the updated data is listed. Return to “Step 1: Funeral Establishment Application” to continue.

- On the Establishment Information page, please complete all fields related to the establishment and ownership information.

RLD Intake

* Establishment address is where you will be providing services to your clients.

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Establishment Information

* Name of Establishment

Enter Organization Name

* Please specify the ownership type

* Specify details for each owner below. Sum of the ownership percentage for all records should be equal to 100%. If you need to view, edit or delete any records, click the down arrow under action for that specific record. If you need to view, edit or delete any records, click the down arrow under action for that specific record.

Add New

Business Owner Name	Phone Number	Email	Ownership Percentage

Establishment Address

* Establishment address is where you will be providing services to your clients.

* Establishment Street * Establishment City

* Establishment Zip * Establishment County

* Establishment Country * Establishment State

US New Mexico

* Is the mailing address same as physical address mentioned above?

Yes

Save for later Previous Next

- Once all relevant data has been entered, click “Next” to proceed.



RLD Intake

* Establishment address is where you will be providing services to your clients.

Establishment Information

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* Name of Establishment
[Redacted]

* Please specify the ownership type
[Redacted]

* Specify details for each owner below. Sum of the ownership percentage for all records should be equal to 100%. If you need to view, edit or delete any records, click the down arrow under action for that specific record.
If you need to view, edit or delete any records, click the down arrow under action for that specific record.

Add New

Business Owner Name	Phone Number	Email	Ownership Percentage	
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Down Arrow]

Establishment Address

* Establishment address is where you will be providing services to your clients.

* Establishment Street
[Redacted]

* Establishment City
[Redacted]

* Establishment Zip
[Redacted]

* Establishment County
[Redacted]

* Establishment Country
US

* Establishment State
New Mexico

* Is the mailing address same as physical address mentioned above?
Yes

Save for later **Previous** **Next**

7. On the Questions page, please answer all questions accurately with the most recent information. Please provide any relevant details in the box below any questions marked with “Yes.” You are also required to upload any related documentation and other supporting documents on the Uploaded Documents page, later in this application.

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Questions

* Do you certify that the establishment will have a chapel / room specifically used for gatherings, rituals and ceremonies, which shall be at least 600 square feet (inside-wall-to-inside-wall) in size, and shall:
1. Have the capacity for seating not less than 60 persons and for the proper display of a casket containing the deceased.
2. Have good ventilation.
3. Be entirely and completely separated from both the preparation room and the casket display room, except for entrances and exits having doors.
☐ Yes

* Do you certify the establishment will have a casket display room which shall be not less than 450 square feet (inside-wall-to-inside-wall) in size and shall:
1. Contain burial caskets or a range of models and prices with not less than 12 different adult burial caskets or models normally displayed, and if models are displayed then the burial caskets shall be available and warehoused within 50 miles of the establishment.
2. Be adequately illuminated.
3. Any rental casket considered for interment or cremation services shall have written disclosure as previously used merchandise; consent form shall be provided and signed by the surviving spouse or next of kin.
☐ Yes

* Do you certify that each funeral establishment shall: entirely complete a body tracking sheet which shall be kept in the deceased file, and obtain and maintain body transport record log at the time of which the deceased is transported to the establishment which shall be kept in the deceased file.
☐ Yes

* Do you certify that said establishment shall have in charge, full-time therein, a licensed funeral service practitioner and conform to the rules outlined in 16.6A.4.10 NMAC.
☐ Yes

* Funeral Service Practitioner(s)
If you need to view, edit or delete any records, click the down arrow under action for that specific record.

Add New

First Name	Last Name	License Number	Action
------------	-----------	----------------	--------

* Do you certify that the establishment will have a preparation room which shall be not less than 150 square feet (inside-wall-to-inside-wall) in size and shall:
1. Be equipped with a sanitary flooring of tile or other suitable hard, impervious surface.
2. Be equipped with necessary drainage, lighting and ventilation.
3. Be equipped with the equipment and supplies necessary to embalm and otherwise prepare the human dead for final disposition and transportation including running hot and cold water, embalming table, head/arm/foot block, embalming machine, aspirator, arterial tubes, trocar with hose, cavity fluid injector, metal drain tubes or spring forceps, aneurysm needles/hooks, scissors, vascular clamps/locking forceps, hypo treatment needle, nasal aspirator, scalpel with sufficient blades, suture needles and suture thread, cotton, sufficient trocar buttons with applicator, razor, cosmetics, sealing powder, hardening compound, arterial and cavity fluid, and
4. Be entirely enclosed by flooring, walls and ceiling, except for proper ventilation and entrances and exits having doors.
☐ Yes

Save for later **Previous** **Next**

8. To complete the Questions page, select the “Next” button at the bottom right of the page.



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Questions

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1. Have the capacity for seating not less than 60 persons and for the proper display of a casket containing the deceased.
2. Have good ventilation.
3. Be entirely and completely separated from both the preparation room and the casket display room, except for entrances and exits having doors.

☒ Yes

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☒ Yes

* Do you certify that said establishment shall have in charge, full-time therein, a licensed funeral service practitioner and conform to the rules outlined in 16.64.4.10 NMAC.

☒ Yes

* Funeral Service Practitioner(s)

If you need to view, edit or delete any records, click the down arrow under action for that specific record.

Add New			
First Name	Last Name	License Number	Action
[REDACTED]	[REDACTED]	[REDACTED]	▼

* Do you certify that the establishment will have a preparation room which shall be not less than 150 square feet (inside-wall-to-inside-wall) in size and shall:

1. Be equipped with a sanitary flooring of tile or other suitable hard, impervious surface;
2. Be equipped with necessary drainage, lighting and ventilation;
3. Be equipped with the equipment and supplies necessary to embalm and otherwise prepare the human dead for final disposition and transportation including running hot and cold water, embalming table, head/arm/foot block, embalming machine, aspirator, arterial tubes, trocar with hose, cavity fluid injector, metal drain tubes or spring forceps, aneurysm needles/hooks, scissors, vascular clamps/locking forceps, hypo treatment needle, nasal aspirator, scalpel with sufficient blades, suture needles and suture thread, cotton, sufficient trocar buttons with applicator, razor, cosmetics, sealing powder, hardening compound, arterial and cavity fluid; and
4. Be entirely enclosed by flooring, walls and ceiling, except for proper ventilation and entrances and exits having doors.

☐ Yes

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9. On the Upload Documents page, attach all requested and relevant documents to their designated column if required.

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Upload Documents

Document Name	Document Description	Upload a New File	Uploaded Files	Delete
Other Supporting Documents	Any supporting documents that could assist in review of the application.			

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- a. Select the blue upload icon in each section to upload a document.

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- ✓ Introduction
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- **Upload Documents**
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Upload Documents

Document Name	Document Description	Upload a New File	Uploaded Files	Delete
Other Supporting Documents	Any supporting documents that could assist in review of the application.			

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- b. Review the document size and type requirements before uploading, then select the Upload File button.

Upload

Please attach a copy of the required document.

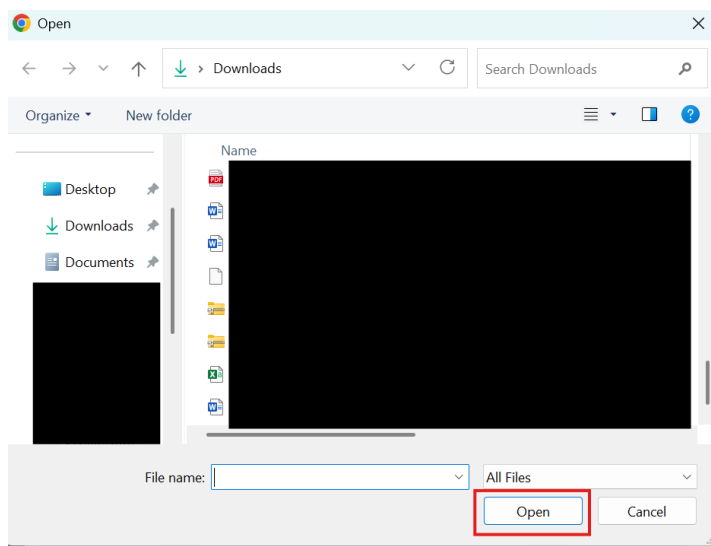
Note that:

- 1. File size should not exceed 10MB.
- 2. File extensions will be accepted only of type doc, docx, pdf, png, tiff, jpg, jpeg, txt, csv.
- 3. Documents may be uploaded as individual files or as a single merged file on the next page.

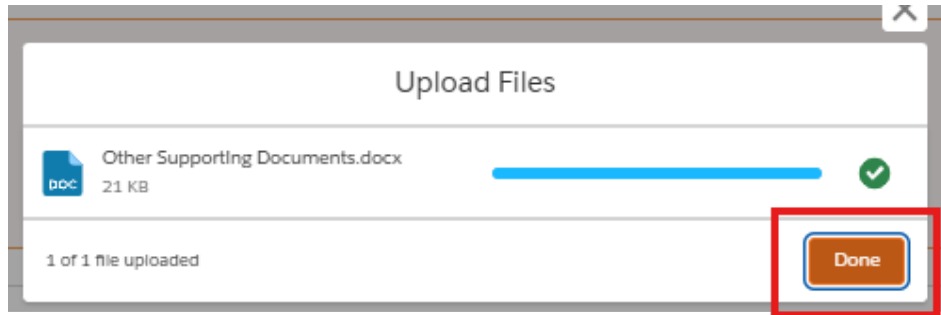
 Upload File  Drop Files

Done

- c. Select the appropriate document from your files and then select “Open”



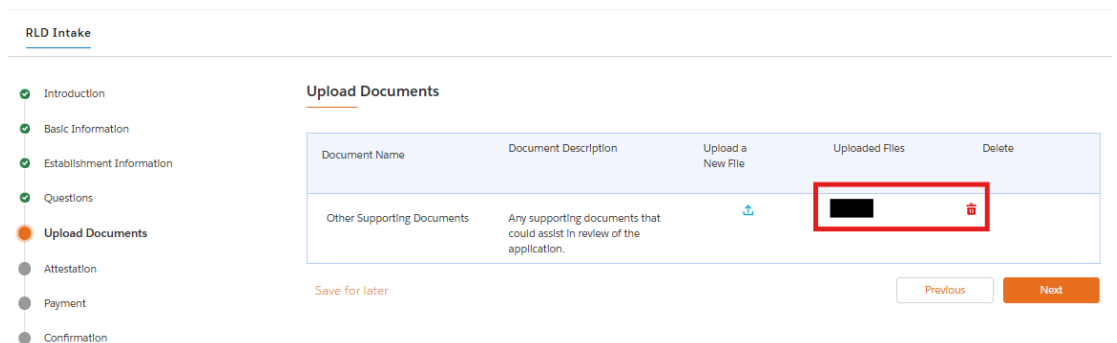
- d. The file will notify you when it's completed. Select the “Done” button when it's completed.



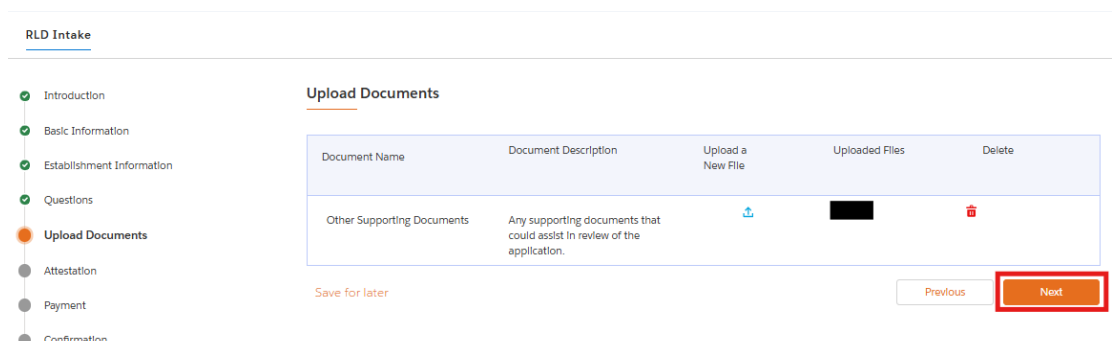
- e. You will be able to see your document added and can then select the “Close” option.



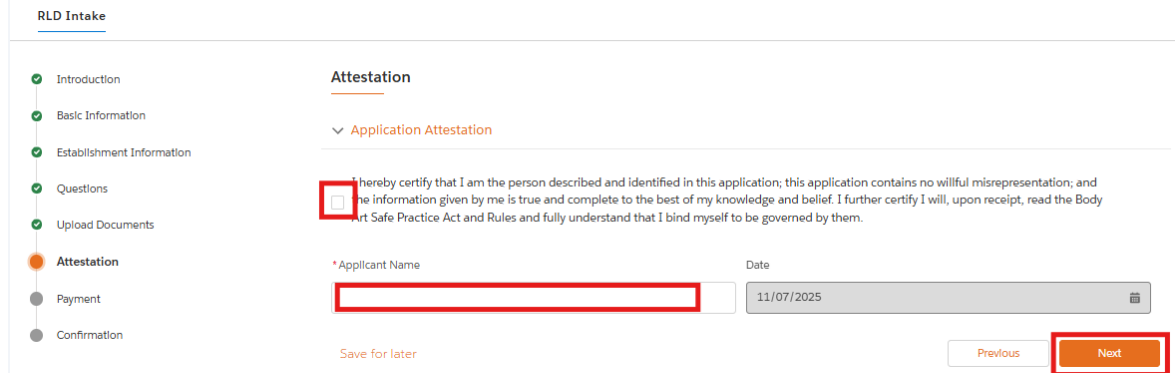
- f. You will be able to see the documents in each section once you have completed the uploads.



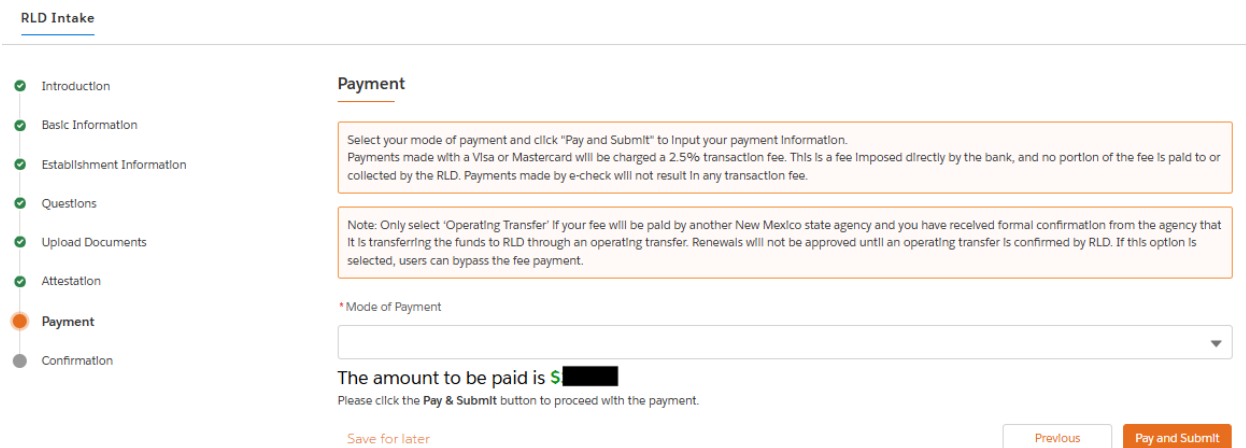
- g. Once all documents are added, select the orange “Next” button.



10. On the Attestation page, review the statement on the screen. Then select the checkbox to certify your agreement. After, enter your name and select the “Next” button at the bottom right.



11. On the Payment page, review the notice before making any selections.



- a. Select a Mode of Payment then the “Pay and Submit” button. When selecting either Credit Card (Visa or Mastercard) or E-Check as your payment method, a new tab will open directing you to the Cybersource Payment Gateway screen. Please disable any pop-up blockers to ensure the page opens correctly in the new tab.
- b. *Note: Payment is a separate system and your credit card info is not stored or saved by RLD. Cybersource is a SoNM billing platform, and this is not phishing or other malware. Upon payment completion, you will receive a payment receipt to the email address you have entered in the Payment Gateway.*



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Payment

Select your mode of payment and click "Pay and Submit" to Input your payment Information.
Payments made with a Visa or Mastercard will be charged a 2.5% transaction fee. This is a fee Imposed directly by the bank, and no portion of the fee is paid to or collected by the RLD. Payments made by e-check will not result in any transaction fee.

Note: Only select 'Operating Transfer' if your fee will be paid by another New Mexico state agency and you have received formal confirmation from the agency that it is transferring the funds to RLD through an operating transfer. Renewals will not be approved until an operating transfer is confirmed by RLD. If this option is selected, users can bypass the fee payment.

* Mode of Payment

The amount to be paid is \$ [REDACTED]

Please click the **Pay & Submit** button to proceed with the payment.

[Save for later](#)

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Pay and Submit

- c. Ensure all required fields are completed and click "Next" button to proceed through entire payment.

Billing Payment Review Receipt

Billing Information

* Required field

First Name * [REDACTED]

Last Name * [REDACTED]

Company Name [REDACTED]

Address Line 1 [REDACTED]

City [REDACTED]

Country/Region [United States of America]

State/Province [New Mexico]

Zip/Postal Code [REDACTED]

Phone Number * [REDACTED]

Email * [REDACTED]

Next

[Cancel Order](#)

Your Order

Total amount \$ [REDACTED]

12. Once your payment is completed, your application is now complete and will be submitted for approval. To check the status of your application, please contact your board or division directly. Please be sure to reference your application number, which begins with **PAR-** and can be found at the top of your application.



Board of [REDACTED]
PAR-0000 [REDACTED]

RLD Intake View

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Payment

You have completed the payment.
The amount paid is \$ [REDACTED]

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13. On the home page, the application will appear under My Applications with **Submitted** status.

Licenses & Applications

My Applications

Application ID	License Type	Application Type	Applied Date	Status	Action
PAR-0000 [REDACTED]	[REDACTED]	New	10/7/2025	Draft	
PAR-0000 [REDACTED]	[REDACTED]	New	7/29/2025	Draft	
PAR-0000 [REDACTED]	[REDACTED]	New	7/28/2025	Submitted	View Review Checklist

[View All](#)