

# CHARITABLE EXEMPTION FORM

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Louisiana Department of Justice  
Consumer Protection Section  
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Baton Rouge, LA 70802  
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**FOR OFFICE USE ONLY**

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## Charitable Organization Information

Organization Name (Include all other names used): \_\_\_\_\_

\_\_\_\_\_

EIN: \_\_\_\_\_

### Mailing address:

\_\_\_\_\_

Street Address

\_\_\_\_\_

City	State	Zip Code
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\_\_\_\_\_

Telephone Number	Fax Number	Email Address
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### Contact Person:

Name

\_\_\_\_\_

Street Address

\_\_\_\_\_

City	State	Zip Code
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\_\_\_\_\_

Telephone Number	Fax Number	Email Address
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### Registered Agent:

\_\_\_\_\_

Name

\_\_\_\_\_

Street Address

\_\_\_\_\_

City	State	Zip Code
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\_\_\_\_\_

Telephone Number	Fax Number	Email Address
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Pursuant to 16 LAC Pt. III §515 of the Louisiana Administrative Code, only the types of organizations listed below may file a registration exemption. All other organizations must register with the Louisiana Attorney General's Office. Please mark the box for the exemption that applies and provide supporting documentation that would verify the exempt status requested.

- Religious Institutions that include ecclesiastical or denominational organizations, churches, or established physical places for worship in this state at which nonprofit religious services and activities are regularly conducted and carried on and shall also include those bona fide religious groups which do not maintain specific places of worship;
- Religious institutions that include such separate groups or corporations which form an integral part of those institutions which are exempt from federal income tax as exempt organizations under the provisions of Section 501(c)(3) of the Internal Revenue Code of 1954, or of a corresponding section of any subsequently enacted Federal Revenue Act, and which are not primarily supported by funds solicited outside its own membership or congregation;
- Religious institutions that include such institutions soliciting contributions for construction and maintenance of a house of worship or clergyman's residence.
- Educational institutions recognized and/or approved by the State Department of Education or the appropriate state educational board, of the appropriate accrediting agency;
- Any hospital organized under the laws of this state, or any voluntary health organization organized under the laws of this state and/or under federal laws.

Under Penalty of perjury, the undersigned declares and certifies that this exemption form and the accompanying documentation contained herein is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Date

Subscribed and sworn to before me

This \_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public