

# Application to Register - Funeral Director

*The Health (Burial) Regulations 1946*



## Details of Applicant:

Company / Sole Trader / Partnership Name (Legal Entity): \_\_\_\_\_

\_\_\_\_\_

Postal address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Daytime Ph: \_\_\_\_\_ A/H Ph: \_\_\_\_\_

Fax No: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Email: \_\_\_\_\_

## Details of Contact:

Given names: \_\_\_\_\_

Surname: \_\_\_\_\_

Postal address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Daytime Ph: \_\_\_\_\_ A/H Ph: \_\_\_\_\_

Fax No: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Email: \_\_\_\_\_

## Details of Business

Name of business: \_\_\_\_\_

Physical address: \_\_\_\_\_

Address of any place to be used as a mortuary (If different from above): \_\_\_\_\_

\_\_\_\_\_

What activities will your business carry out (e.g. embalming etc.)? \_\_\_\_\_

\_\_\_\_\_

*Please include full payment when lodging your application. Fees included:*

\$ \_\_\_\_\_

## Applicant's Declaration

*I confirm that I have read and understood my responsibilities as outlined in the Health (Burial) Regulations 1946.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Version 14/02/2015

**Office Use Only**

Receipt Number: \_\_\_\_\_

Document Number: \_\_\_\_\_

Licence Number: \_\_\_\_\_

Date Received