



APPLICATION FOR REGISTRATION OF FUNERAL DIRECTORS

Pursuant to Health (Burial) Regulations 1946

Occupier: _____
Full name or company name

Postal Address: _____

Contact Person: _____ **Daytime Number:** _____

Fax: _____ **Mobile:** _____

Email: _____

Application is hereby made for the registration of the above-named applicant as a funeral director in respect of the following premises:

Trading Name: _____

Address of Premises: _____

Purpose of Registration (Type of premises)

The above named applicant may carry out burials (interment, cremation or burial at sea) and matters incidental thereto including use of a:

Reception-room

Mortuary

Address of mortuary (if different to above): _____

Signature: _____

Date: _____

(this fee covers the initial application and approval inspection)
(Registrations fall due on 30 September each year.)

FOR OFFICE USE

Fee Paid \$ _____ \$150.00 change of
ownership _____

Licence Number: _____

Debtor No. _____

Valuation Number; _____

Date Paid: _____

Date Issued: _____

EHO Comments: _____
