

# Application for registration of a funeral parlour



## Please read this first

This form will be scanned by electronic equipment. It is important that you:

- use a blue or black pen to complete this form; and
- print clearly.

## Applicant details *(Please print in CAPITALS)*

Title:  Mr  Mrs  Miss  Ms

First names

Surname

Postal address

Town

Postcode

Home phone number

Work phone number

Mobile phone number

Email

## Business details

New business  Existing business

Proposed opening date

Number of staff

Trading name

Physical address of premises

Name of manager

Activities undertaken onsite *(full description of processes used from receipt to burial)*

  
  
  

## Office use only

NAR  •  Receipt  Date  /  /

Planning approval  Building Approval  Rating  Trade waste

Is another registered premises used for embalming?  Yes  No

If YES, please provide details


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## Details of premises

Description of floor and wall linings


Floor plan attached

Building warrant of fitness (*Form 12 and 12a*)

Backflow prevention

Other

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## Signature

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Signature of applicant

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Date