

Form 1

Application for Registration as a Funeral Director

Health (Burial) Regulations 1946

- New Application
 Re-registration
 Transfer of ownership

Applicant details	
Legal name of operator (e.g. registered Company, partnership or individual)	
Postal address	
Email	
Telephone	

Premise details	
Trading name of premise	
Premise address	
Address of any place of business to be used as a mortuary	
Postal address (if different to above)	
Business telephone number	
Business email	
Contact name	
Contact's designation	
Note: If a premise is sold the new operator must advise of the change of ownership by completing a transfer on this application form. If you no longer wish to trade, you are required to notify Waitaki District Council.	

Payment Options	
<input type="checkbox"/> Cash/Eftpos	
<input type="checkbox"/> Bank transfer to account 02 0940 0156400 00 Particulars: Name Code: Funeral Reference: Invoice Number	
<input type="checkbox"/> Visa/Mastercard by phone 03 433 0300 (note: Credit cards have a 1.5% surcharge)	

Please check and complete details, sign, date and return with payment.

Signature	Date
Capacity in which application is signed (as owner of business, partner, manager or company, or as case may be)	

OFFICIAL USE ONLY
Application for Registration Form Received:
Amount Paid:
Receipt Number:
Date:
Authority Register Updated: Y/N
Certificate Issued: Y/N