

Application for Registration as a Funeral Director



Information

Pursuant to the **Health Act 1956**, **Health (Registration of Premises) Regulations 1966** and **Health (Burial) Regulations 1946**

Registration Type

New Application

Re-Registration

Transfer of Ownership

Applicant Details

Legal name of operator (e.g. Registered Company, Partnership or Individual)

Postal Address

Phone Number

Email Address

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 Phone

Business Email

Contact Name

Contact 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

Payment Method
(Select one option)

Cash/EFTPOS

Bank Transfer

(02 0940 0156400 00 - name/FUNERAL/invoice number)

Credit Card (by phone 03 433 0300)

(Credit Cards have a 1.5% surcharge)

Application for Registration as a Funeral Director



Signature

Signature

Date

Capacity Signed

Form Submission

Please check and complete details, sign, date and return with payment to Waitaki District Council, 20 Thames Street, Oamaru or post/email to:

Waitaki District Council
Private Bag 50058
Oamaru 9444

regulatory@waitaki.govt.nz

03 433 0300