



## Application for Registration as a Funeral Director

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

New Application                       Re-registration                       Transfer of ownership

Trading Name: \_\_\_\_\_

Legal Name(s) of Operator: (e.g. registered company, partnership or individual)

\_\_\_\_\_

Location of Property: \_\_\_\_\_

Postal Address: \_\_\_\_\_

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

Contact Persons Details: (The contact person details entered below will be used for communications about your registration, such as arranging inspections and renewal reminders)

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Postal Address: \_\_\_\_\_

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

**Please contact Waitaki District Council Environmental Health Team if any details change**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment Options**

Cash/Eftpos                       Cheque payable to Waitaki District Council

Bank transfer to account 02 0940 0156400 00

Particulars: Name, Code: Funeral, Reference: Invoice Number

Visa/Mastercard by phone 03 433 0300 (Note: Credit cards have a 1.5% surcharge)

**OFFICIAL USE ONLY**

Application for Registration Form Received: \_\_\_\_\_ (date and initial) Amount Paid \$: \_\_\_\_\_

Receipt Number: \_\_\_\_\_ Approved/Declined                      Signature (E.H.O): \_\_\_\_\_ Date: \_\_\_\_\_

Authority Register updated \_\_\_\_\_ Certificate Issued \_\_\_\_\_