

**Application for New Licence to Operate a Funeral Home  
Embalmers and Funeral Directors Act, Newfoundland and Labrador**

<b>Name of New Home</b>			
Owners Name		Postal Code	
Street		Telephone	
PO Box		Cell Phone	
City/Town		Email	

**The Following Items Are Enclosed (Please check the items that are enclosed)**

	Municipal Council Approval
	Service NL approval
	Copy of Funeral Director's licence who will be managing this home.
	Fee as prescribed by the Board (see website for prescribed fees)

**After construction is completed I will request the Registrar of the Board to authorize an inspection of the completed facility. I will not commence operation until I have acquired the above mentioned inspection, stating that the facility is acceptable for the purpose of operating a Funeral Home**

**Signature Block**

Date	
Applicant (please print)	
Applicant Signature	

**Please return this application to:**

**The Embalmers and Funeral Directors Board of Newfoundland and Labrador  
PO Box 839  
Lewisporte, NL  
A0G 3A0**

**contact@nlfuneralboard.ca**