





I, the undersigned, on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ make oath and say that the information stated above is true to the best of my knowledge. I further understand that by signing this form I am authorizing the Board to proceed with an investigation that may involve hearings and that the information in this complaint including my name may become public.

---

**Complainant**

Sworn before me at \_\_\_\_\_ in the Province of Newfoundland and Labrador

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

---

**Commissioner of Oaths**

Forward the above complaint by registered mail to:

Embalmers and Funeral Directors Board of Newfoundland and Labrador  
PO Box 606  
Lewisporte, NL  
A0G 3A0

Att: Registrar