

Application for registration of a funeral parlour



Please read this first

This form will be scanned by electronic equipment. It is important that you:

- use a blue or black pen to complete this form; and
- print clearly.

Applicant details *(Please print in CAPITALS)*

Title: ☐ Mr ☐ Mrs ☐ Miss ☐ Ms

First names

Surname

Postal address

Town Postcode

- - -
Home phone number Work phone number Mobile phone number

Email

Business details

☐ New business ☐ Existing business

/ / 2 0
Proposed opening date

Number of staff

Trading name

Physical address of premises

Name of manager

Activities undertaken onsite *(full description of processes used from receipt to burial)*

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Office use only

NAR • Receipt Date / /

☐ Planning approval ☐ Building Approval ☐ Rating ☐ Trade waste

☐ No

Description of floor and wall linings

Building warrant of fitness (Form 12 and 12a)

☐ Other _____

| |
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| |
|--|

$$\square / \square / 20$$

Date