

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

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)

Office use only

NAR •

Receipt

Date / /

Planning approval

Building Approval

Rating

Trade waste

