

# Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935  
 Madison, WI 53708-8935  
 FAX #: (608) 251-3036  
 Phone #: (608) 266-2112

Ship To: 4822 Madison Yards Way  
 Madison, WI 53705  
 E-Mail: [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
 Website: <http://dsps.wi.gov>

## FUNERAL DIRECTOR EXAMINING BOARD

### VERIFICATION OF EXAMINATION OR REGISTRATION

**APPLICANT: Complete top portion of this form and forward to Registration Agency.** Proper completion of this form (Form#1576) is required for processing of the application. Any alteration made to the form will void the form. Failure to submit proper documentation will delay processing of your credential application. Form letters from other jurisdictions are acceptable. A fee may be required from the Registration Agency.

**Note:** If applicant holds two licenses for practice of funeral directing and/or embalming, please complete information for both licenses.

<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Former / Maiden Name(s)</b>
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
<b>Address</b> (street, city, state, zip)			
<input style="width:95%;" type="text"/>			
<b>Original State of Licensure:</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	<b>Credential #:</b>	<input style="width:150px;" type="text"/>
		<b>Date of Birth:</b>	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> / <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> / <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>

**REGISTRATION AGENCY: Complete Section below and return directly to DSPS:** You may fax/email to: (608) 251-3036 or [DSPSCREDFuneral@wisconsin.gov](mailto:DSPSCREDFuneral@wisconsin.gov).

**Note:** If applicant holds two licenses for practice of funeral directing and/or embalming, please complete information for both licenses.

Basis of Registration: Exemption Reciprocity Examination Other

License(s) Held	Issued Date	Expiration Date
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**Is there any disciplinary action pending or was any formal disciplinary action ever taken against the above named individual?**

Yes  No If yes, please attach additional sheet with details.

**Form completed by:**  **Date:**  /  /

**Title:**  **State:**