

Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way
 Madison, WI 53705
 Phone Number: (608) 266-2112

LicensE Portal: License.wi.gov
 Email: dsp@wisconsin.gov
 Website: <http://dsp.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.

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

REGISTRATION AGENCY: Complete Section below and return directly to DSPS: Agency may email to 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
	__ / __ / ____	__ / __ / ____
	__ / __ / ____	__ / __ / ____
	__ / __ / ____	__ / __ / ____
	__ / __ / ____	__ / __ / ____
	__ / __ / ____	__ / __ / ____
	__ / __ / ____	__ / __ / ____

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:**