Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: (608) 266-2112

Ship To: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: 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.

Last Name

First Name

MI

Former / Maiden Name(s)

Address (street, city, state, zip)

Original State of Licensure: **Credential #:**   **Date of Birth:** ___/___/___

REGISTRATION AGENCY: Complete Section below and return directly to DSPS: You may fax/email to: (608) 261-7083 or 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

#1576 (Rev. 8/16)
Ch. 445, Stats.

Committed to Equal Opportunity in Employment and Licensing