

# Wisconsin Department of Safety and Professional Services

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## FUNERAL DIRECTORS EXAMINING BOARD

### NOTICE CONCERNING CONTRACT BETWEEN A FUNERAL ESTABLISHMENT AND AGENT FOR BURIAL AGREEMENTS

**Instructions:** Complete this notice if one of the following situations exists:

- The Agent listed in Section A has already registered as an Agent with the Funeral Directors Examining Board and has entered into a new or an additional contract with the Funeral Establishment listed in Section B. **A copy of the contract or contracts is enclosed.** This notice must be provided to the Board before the agent sells or solicits burial agreements under the new contract.
- The Agent listed in Section A has terminated a contract with the Funeral Establishment listed in Section B. This notice must be provided to the Board within 30 days after termination of a contract.

<b>Section A: Agent Information</b>			
<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Former / Maiden Name(s)</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Address (street, city, state, zip)</b>			<b>Daytime Telephone Number</b>
<input type="text"/>			<input type="text"/> - <input type="text"/> - <input type="text"/>
<b>Mailing Address (if different)</b>			<b>Credential #</b>
<input type="text"/>			<input type="text"/>

<b>Section B: Funeral Establishment Information</b>	
<b>Name of Funeral Establishment</b>	<b>Daytime Telephone Number</b>
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
<b>Mailing Address (street, city, state, zip)</b>	<b>Funeral Establishment License #</b>
<input type="text"/>	<input type="text"/>
<b>Name of bank, trust company, savings and loan association or savings bank in which the burial trust funds have been held</b>	
<input type="text"/>	
<b>Name of life insurance company issuing the life insurance policy to the fund of the burial agreement</b>	
<input type="text"/>	
<b>Name of Funeral Establishment that will be designated on the life insurance policy as beneficiary</b>	<b>Name of agent who sells the life insurance policy</b>
<input type="text"/>	<input type="text"/>

#### ACKNOWLEDGEMENT

I hereby confirm the Funeral Establishment(s) which I represent, and I have entered into the **attached** contract(s) with, or terminated the attached contract(s) with, the above-listed Agent.

Signature of Funeral Director:  Effective Date:  /  /

(Print and Sign Form)

Print name of person signing above:  Date:  /  /