

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 DIRECTORS EXAMINING BOARD FUNERAL ESTABLISHMENT

NOTICE OF NEW FUNERAL ESTABLISHMENT EMPLOYER

(NO FEE REQUIRED)

Please complete whenever a change occurs with your current Establishment employer and return directly to DSPS. You may fax/email with cover sheet/letter to: (608) 261-7083 or dspscredfuneral@wisconsin.gov.

LICENSED FUNERAL DIRECTOR

Name:

License Number: - 77

Contact Telephone Number: - -

Contact Email Address:

Effective Date of Change: / /

Signature: Date: / /

NEW ESTABLISHMENT EMPLOYER(s) (attach additional sheet if necessary)

Name(s):	License Number(s):
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - 78
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - 78
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - 78
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - 78

EXISTING ESTABLISHMENT EMPLOYER(s) (attach additional sheet if necessary)

Name:	License Number:
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - 78

Will you continue to be employed at the above establishment? Yes No

<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - 78
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Will you continue to be employed at the above establishment? Yes No

Name:	License Number:
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - 78

Will you continue to be employed at the above establishment? Yes No