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
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) 251-3036 or dspscredfuneral@wisconsin.gov.

LICENSED FUNERAL DIRECTOR

Name: _____

License Number: _____ - 77

Contact Telephone Number: ___ - ___ - ____

Contact Email Address: _____

Effective Date of Change: __ / __ / ____

Signature: _____ Date: __ / __ / ____
(Print and Sign Form)

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

Name(s): License Number(s):

_____ _____ - 78

_____ _____ - 78

_____ _____ - 78

_____ _____ - 78

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

Name: License Number:

_____ _____ - 78

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

_____ _____ - 78

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

Name: License Number:

_____ _____ - 78

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