

The Nova Scotia Board of Registration of Embalmers and Funeral Directors

168 Hobsons Lake Drive, Suite 301, Halifax, NS B3S 0G4

Telephone: (902) 407-6001 kortneyadams@nsbrefd.com

www.nsbrefd.com

Embalmer and Funeral Director Examination Application Form

PART I. APPLICANT INFORMATION:

First Name Middle Name Last Name Preferred Pronoun

Date of Birth ____/____/____ (MM/DD/YY)

Home address of the applicant, including City, Province, and Postal Code:

Street Address: City: Province: Postal Code:

Mailing Address (if different from above):

Street Address: City: Province: Postal Code:

Home Phone: _____ Cell Phone: _____ Email: _____

Identify any maiden name, surname, or any other names or aliases you have been known by or used and identify as: _____

Are you employed at a funeral home, crematorium, or related facility?

If yes: Part time _____ Full time _____ Casual/on-call _____

If no: Unemployed _____ Retired _____ Working outside of the funeral profession _____

If yes, please indicate the name of the funeral home/crematorium/facility:

Full address of funeral home/crematorium/facility (including postal code):

Phone number: _____

Name of Mentor (if currently apprenticing in Nova Scotia): _____

Please check the exam type you are applying to write:

License type	Please (√) fee type below	Fee
Written Funeral Director Examination		\$100.00
Written Funeral Director Supplemental Examination		\$200.00
Written Embalmer Examination		\$100.00

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Written Embalmer Supplemental Examination		\$200.00
Written Mortuary Law Examination		\$250.00
Written Mortuary Law Supplemental Examination		\$250.00
Practical Funeral Director Examination		\$200.00
Practical Funeral Director Supplemental Examination		\$200.00
Clinical Embalmer Examination		\$200.00
Clinical Embalmer Supplemental Examination		\$200.00
Total Submitted		\$

PART VII. CERTIFYING STATEMENT

I hereby certify that I have read this application in its entirety. The responses and attached materials I have provided are true and accurate to the best of my knowledge. Additionally, I am aware and agree that any false or misleading information, misrepresentations, or omissions in this application, supporting documentation, reporting, apprenticing, mentoring, and during the application process are cause for denial of this application. I acknowledge that approval of this application is not guaranteed and may be denied, or additional information and documentation may be requested.

I understand that any fees paid are non-refundable, including those paid by a person or entity. Payments will not be credited toward any subsequent fee(s) payable by the person or entity.

Signature of Applicant (Do not print)

Printed Name of Applicant

Date

Signed at:

Witness (Do not print)

Printed Name of Witness

Date

OFFICE USE ONLY	
Date Application Received	
Application Approved	
Total Fees Submitted	\$
Payment method:	___ Cheque ___ Email money transfer ___ Money Order