**The Nova Scotia Board of Registration of Embalmers and Funeral Directors**

2165 Highway 206, PO Box 373,

Arichat, NS B0E 1A0

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**CONSENT FORM FOR STATEMENT OF GOOD STANDING**

**Applicant Contact Information**

Mr. Mrs.

Ms. Miss.

*Circle One First Name Middle Name Last Name Date of Birth (M/D/Y)*

*Phone: Fax: Email:*

*Also Known As: 1. 2.*

*Address: City/Prov.: PC:*

**Information for Release**

*The Statement of Good Sanding Form Contains, but is not limited to, the following information:*

1. Type of License (s) held by the applicant, e.g. funeral director, embalmer, funeral director/embalmer.

2. Expiry date of the license (s).

3. Number of years licensed as a funeral director, embalmer, funeral director/embalmer.

4. If applicant holds similar license (s) in other jurisdictions.

5. Any disciplinary actions (s), condition (s), limitation (s), restriction (s), revocation (s), and/or refusal of a license held by applicant.

**Applicant Request**

*Please send the Statement of Good Standing Form to the following jurisdictions:*

Alberta  New Foundand & Labrador Quebec  Ontario

British Columbia  Nova Scotia  Saskatchewan  Other:

Manitoba  Prince Edward Island  New Brunswick  Other:

**CONSENT OF APPLICANT**

**I, in the province of**

**(First Name, Middle Name, Last Name) (Province)**

Authorize the jurisdiction to release the information contained on the*Statement of Good Standing Form* for licensing in another province in Canada.

Date

Applicant Signature Month Day Year

The original signed consent form must be mailed or scanned and emailed to the NSLEFD at the address above. Upon receipt of the consent form a *Statement of Good Standing Form* will be issued to the requested jurisdictions.