

Nova Scotia Board of Registration of Embalmers and Funeral Directors
203-620 Nine Mile Drive, Bedford, Nova Scotia B4A 0H4
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www.nsbrefd.com

Embalmer and Funeral Director Examination Application Form

Embalmers and Funeral Directors Act

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Date of Birth: _____
(DD/MM/YYYY) Email Address: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Do you work full time for a specific funeral home? Yes No

If yes please give name and location:

Name of Funeral Home: _____

Location: _____

Name of Mentor: _____

Please check the exam type you are applying to write:

Embalmer written exam		Fee: \$40.00
Embalmer clinical exam		Fee: \$100.00
Funeral director written exam		Fee: \$40.00
Funeral director practical exam		Fee: \$100.00
Supplemental exam		Fee: \$100.00
Total Amount Submitted		

****Please ensure all practicum documentation and reporting has been submitted****

Please ensure fees are made payable to:

The Board of Registration of Embalmers & Funeral Directors

By signing below I am confirming all information on this form and any other documentation submitted to the Board is accurate to the best of my knowledge.

Signature: _____ Date: _____