

The Nova Scotia Board of Registration of Embalmers and Funeral Directors  
 203-620 Nine Mile Drive, Bedford, Nova Scotia B4A 0H4  
 Telephone: (902) 407-6001 Fax: (902)407-6002  
 Email: kortneyadams@nsbrefd.com web: www.nsbrefd.com

**CONSENT FORM FOR STATEMENT OF GOOD STANDING**

**Applicant Contact Information**

Mr. Mrs.				
Ms. Miss.				
<i>Circle One</i>	<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>	<i>Date of Birth (M/D/Y)</i>
<i>Also Known As:</i>	1.		2.	
<i>Address:</i>		<i>City/Prov.:</i>		<i>PC:</i>
<i>Phone:</i>		<i>Fax:</i>	<i>Email:</i>	

**Information for Release**

*The Statement of Good Standing 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:*

<input type="checkbox"/> Alberta	<input type="checkbox"/> Newfoundland & Labrador	<input type="checkbox"/> Quebec	<input type="checkbox"/> Ontario
<input type="checkbox"/> British Columbia	<input type="checkbox"/> Nova Scotia	<input type="checkbox"/> Saskatchewan	<input type="checkbox"/> Other:
<input type="checkbox"/> Manitoba	<input type="checkbox"/> Prince Edward Island	<input type="checkbox"/> New Brunswick	<input type="checkbox"/> 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.

\_\_\_\_\_  
 Applicant Signature Date \_\_\_\_\_  
 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.