

## EMBALMER/FUNERAL DIRECTOR STUDENT REGISTRATION APPLICATION

Funeral and Cremation Services Council of Saskatchewan (FCSCS) 3847C Albert St., Regina, SK S4S 3R4 Phone: (306) 584-1575 or toll free 1-800-892-0116, Fax: (306) 584-1576 Email: <a href="mailto:administration@funeralinfo.ca">administration@funeralinfo.ca</a> Website: <a href="mailto:www.fcscs.ca">www.fcscs.ca</a>

Full Name:				
Mailing Address:				
		(City)	(Province)	(Postal Code)
Home # ()	Cell # (	)		
Email:				
I apply to be registered as an □ Embalm	ner and/or 🛭 Funeral Direct	or student.		
I am a student at(Approved educ	ration facility)	y student numb	er is	
I will be completing my Practicum(s) at _	(Funeral )	Home(s) Licensed in Si	askatchewan)	
Please attach the following:				
☐ Copy of enrollment confirmation fron☐ Documentation of each class being ta				
Have you been convicted of a criminal o	ffence for which you have n	ot received a pa	ardon? Yes 🗆	No □
If yes, please state type of offence and d	late of conviction.			
			(Date)	
	(Conviction)			
 Student's Signature				Date