



## LICENSE APPLICATION FOR AN INDIVIDUAL CURRENTLY LICENSED IN ANOTHER JURISDICTION

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: [administration@funeralinfo.ca](mailto:administration@funeralinfo.ca) Website: [www.funeralinfo.ca](http://www.funeralinfo.ca)

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (Province) (Postal Code)

Home # (\_\_\_\_) \_\_\_\_\_ Business # (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

Personal Email \_\_\_\_\_

Currently Employed at \_\_\_\_\_; Address \_\_\_\_\_

Intended Saskatchewan Employer (if applicable): \_\_\_\_\_

Jurisdiction(s) in which you are currently licensed: \_\_\_\_\_

Have you ever been refused a license as a Funeral Director, Embalmer or Salesperson or had a license revoked or suspended in any jurisdiction?  No  Yes

If yes, provide details: \_\_\_\_\_

\_\_\_\_\_

Please enclose the following:

- Copy or copies of current license(s)
- A current criminal record check
- Payment

### DECLARATION:

I hereby authorize the licensing authority in my current jurisdiction to release to the FCSCS any information concerning this application.

I hereby confirm that the information supplied is complete and true to the best of my knowledge and belief.

\_\_\_\_\_  
(Applicant's Signature) (Date)