

REPUBLIC OF GHANA



REGISTRATION APPLICATION FORM FOR PRACTITIONERS



By Law (Act 829 Part Two) all “*facilities ... (see list below) .. connected with the storage, transportation and disposal of human remains*” **MUST** register with this Agency (MoFFA).

All columns must be completed in full and all required documents must be presented in full with the completed form.

Disregarding these instructions and presenting an incomplete application package may lead to the rejection of the application or delays in the application process.

MORTUARIES AND FUNERAL FACILITIES AGENCY
MoFFA

OFFICIAL USE



Status:

Amount:

Signature:

1.0 INDIVIDUAL INFORMATION (BLOCK LETTERS)

a. Personal Details

Surname: First Name:

Other Names:

Gender: (Tick ✓): Male Female Date of Birth:

Nationality: Country:

Region: District:

Marital Status:

b. Personal Contact Details

Address: Residence (GPS)

Telephone No.: Alternate Telephone No.:

E-mail address:

c. Work Place Address

Place of work:

Address: Telephone No:

Locality: District:

2.0 EDUCATION INFORMATION

Level of Education

Basic

Secondary

Tertiary

No Formal Education

3.0 TRAINING INFORMATION

3.1 Training Institution (s) Attended: Yes No

Name of Institution (s).....

Country of Training:

Tel: Number: E-mail.....

Date of Admission: Date of Completion.....

Reg. No.....

Region.....District.....

3.2 In Service Training Yes No

Name of Organization

.....

Country of Training:

Mobile Number: E-mail.....

Date of Admission: Date of Completion.....

Reg. No.....

Region.....District.....

3.3 Qualification Type:

 Degree Diploma Certificate No Formal Education

4. TYPE OF PRACTITIONER

4.1 Please indicate type of practitioner by ticking in the box provided below:

- i. Embalmer

- ii. Cremator

- iii. Mortuary attendant

- iv. Undertaker

- v. Sexton/Cemetery manager
- vi. Hearse service provider/Driver
- vii. Autopsy Assistant
- viii. Grave site worker/Digger
- ix. Professional Pall Bearer.
- x. Funeral Escort
- xi. Funeral Home Director
- xii. Mausoleum Manager
- xiii. Columbarium Manager
- xiv. Casket Makers
- xv. Others (Specify)

4.2 Have you ever registered before? Yes No

If Yes Attach Details.

Date of Registration:Signature:

A letter confirming experience should be attached to this form if applicable

5.0 DECLARATION

Please note that any false information given on this form is an offence and is punishable in accordance with section 55 (d) of the Health Institutions and Facilities Act, 2011 (Act 829)

I declare that all information contained in this application is correct.

Name:

Signed.....

Date.....

Please send completed application form and all enclosures to:

A. IN PERSON

1. The Registrar

Mortuaries and Funeral Facilities Agency
Health Agencies Building
Old Ministry of Health
Ministries, Accra.
GPS: GA-110-3586
Tel: 0302956550

2. The Registrar

Mortuaries and Funeral Facilities Agency
C/o HeFRA Office, Former Lands Commission Building
Adjacent Appeals Court
Ministries Road, Adum Kumasi
GPS AK-037-2919
[Tel:0322499692](tel:0322499692)

B. BY POST

The Registrar
Mortuaries and Funeral Facilities Agency
P.O. Box M44
Ministries
Accra

C. ON-LINE

If online, please scan application form and all other documents to:
applications@moffa.gov.gh or info@moffa.gov.gh