



REGISTRATION APPLICATION FORM FOR FACILITY



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

1.0 Name of Facility:

.....

Type of Facility, please indicate by Ticking:

i. Cold store for human remains Individual body cells

Group body cells

ii. Mortuary

Level 2 with autopsy suite; no high risk or specialized autopsies

Level 3 with autopsy and performance of high risk or specialized autopsies

iii. Funeral Home

iv. Crematorium

v. Columbarium

vi. Mausoleum

vii. Cemetery

viii. Hearse Service

ix. Others

Please Specify

2.0 Type of Ownership (tick \sqrt)

Government Quasi- Government Private NGO

Faith-Based

Others (Specify).....

Date established (if an existing facility).....

Capacity of the facility:

3.0 PROPOSED BUSINESS HOURS

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Public Holidays Yes

No

4.0 FACILITY DATA

Name of facility:

.....

Postal Address:

.....

Location Address:

Digital Address (Ghana Post GPS):

.....

House Number:

.....

Town/City:

District:

.....

Landmark:

Region:

.....

Landline Phone Number(s):

.....

Mobile Number(s):

.....

E-mail Address (es):

.....

Website:

.....

5.0 PERSONAL DATA

OWNER/LEGAL ENTITY

.....

Surname of Owner / Surname of lead person for facility:

.....

Other names:

Title:

.....

Nationality:

Professional status: (If applicable)

.....

GPS Location and House Number:

.....

Address:

.....

Town:

District:

.....

Region:

Phone Number:

.....

E-mail:

.....

Website:

.....

6.0 PRACTITIONER- IN- CHARGE

Surname:

.....

Other names:

Title:

.....

Professional status:

Nationality:

.....

GPS Location and House Number:

.....

Address:

.....

Town:

District:

Region:

Phone Number:E- Mail Address:

Area of specialty:

Professional PIN:

7.0 NUMBER OF EMPLOYEES:

7.1 NUMBER AND TYPE OF NON-PRACTITIONERS

	Type:	Number:
i.	Cleaner	
ii.	Security	
iii.	Others (Specify).....	

7.2 NUMBER AND TYPE OF PRACTITIONERS

Specify type and number:

TYPE	NUMBER

Use a separate sheet if required

8.0 FOR NON-GHANAIAAN APPLICANTS

8.1 Personal Details

Name:

Nationality:
.....

Immigration status: Tick as appropriate

Residence Permit (Photocopies to be attached?) Work Permit (Photocopies to be attached)

Date of Issue: Date of Expiry
.....

Name of Professional body: PIN:
.....

Existence of Ghanaian Partnerships: Yes No
.....

8.2 Details of Partnership

Role:

.....

Position:

.....

8.3 Evidence of Professional Practice in Ghana (for a period not less than one year for practitioner)

.....

Name of Facility:

.....

Location of Facility:

.....

Duration:

.....

Facility Contact Details:

.....

Evidence / Testimonial (attached)

9.0 DATA ON PRACTITIONERS

NO.	Name (Surname First)	Category	Year of Qualification	Year of Reg. with MoFFA	Professional registration number	Employment designation (part time or full time)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

ADDITIONAL INFORMATION CAN BE PROVIDED ON A SEPARATE SHEET TO BE ATTACHED TO THE FORM

10.0 LIST OF TYPES OF SERVICES RENDERED OR TO BE RENDERED

NUMBER	TYPE OF SERVICE
1	
2	
3	
4	
5	
6	
7	
8	

ADDITIONAL INFORMATION CAN BE PROVIDED ON A SEPARATE SHEET TO BE ATTACHED TO THE FORM

11.0 LIST OF EQUIPMENT IN THE PRACTICE WITH THEIR TECHNICAL SPECIFICATIONS

SEQUENCE NO.	INVENTORY NO.	TYPE OF EQUIPMENT	MANUFACTURER	MODEL	SERIAL NO.	YEAR MANUFACTURED	QUANTITY	LOCATION	FUNCTIONAL STATUS	
									F	NF

ADDITIONAL INFORMATION CAN BE PROVIDED ON A SEPARATE SHEET TO BE ATTACHED TO THE FORM

NOTE:

F: Functional

NF: Non-Functional

12.0 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/We declare that all information contained in this application is correct.

OWNER (FULL NAME)

.....

Signed.....

Date.....

PRACTITIONER – IN - CHARGE (If different from owner)

FULL 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

**Scan application form and all other documents to:
applications@moffa.gov.gh or info@moffa.gov.**