



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

PHOTO

OFFICIAL USE

Status:.....

Amount:.....

Name of Office:.....

Signature:.....

1. 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. EDUCATION INFORMATION

Level of Education

Basic ☐

Secondary ☐

Tertiary ☐

No Formal Education ☐

3. TRAINING INFORMATION

3.1 Training Institution (s) Attended: Yes ☐ No ☐

Name of Institution (s).....

Country of Training:.....

Mobile 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

Region District

Mobile Number..... E-mail.....

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

Registration Number.....

3.3 Qualification Type: Degree ☐ Diploma ☐ Certificate ☐

Other (Please Specify) ☐ :.....

4.0 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 (Please Specify) ☐

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) which states that “a person who makes a false declaration in an application for registration or for a licence commits an offence and is liable on summary conviction to a fine not exceeding five hundred penalty units or to a term of imprisonment not exceeding two years or both the fine and the imprisonment”.

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

Name:

Signed.....

Date.....

Please send completed registration application form and all enclosures by post or in person to:

A. IN PERSON

The Registrar

- 1. The Registrar**
Mortuaries and Funeral Facilities Agency
Health Agencies Building
Old Ministry of Health
Ministries

Accra.

Tel: 0302956550/0302960940

- 2. The Registrar**
Mortuaries and Funeral Facilities Agency
Former NABCO Office Building,
Opposite Regional Immigration Service
Ministries Road, Adum – Kumasi
Ashanti Region,
GPS M9RG+324

Tel: 0322499692

B. OR BY POST

The Registrar

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

C. OR ON-LINE

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

REPUBLIC OF GHANA