



Form A

**Diploma in Management of the Dead
Examination Entry Form**

This form, completed by the Candidate, is to be forwarded to the Examination Office, together with the current fee, not later than **29th March 2019**.

Title _____ First name(s) _____ Surname _____

Date of birth ___/___/_____

Address _____

Email: _____@_____

Daytime tel: _____

Qualifications (with dates) including medical school (where applicable)

Degree / Qualification	Awarding Body	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date of Registration/professional body _____

Appointments held (with dates) _____

Management of the Dead course attended on (date) ___/___/_____

At (venue) _____

Certificate of completion / attendance included: Yes / No

Signature of applicant: _____

Date: ___/___/_____

Approved on behalf of the Examination Board _____

On (date) ___/___/___