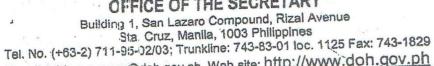


Republic of the Philippines Department of Health OFFICE OF THE SECRETARY



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COMMITTEE OF EXAMINERS FOR UNDERTAKERS & EMBALMERS

RENEWAL APPLICATION (License)

	Control No
NAME	
ADDRESS	
DATE OF BIRTH	AGE
CONTACT NUMBERS: OFFICE	
RESIDENCECEI	
OFFICE ADDRESS	
OFFICE ADDITION	
Supporting Documents:	
Medical Certificate 1 pc 1x1 ID picture PTR (from LGU) 2 pcs 2x2 ID picture Resident Certificate Renewal Fee Receipt / Number Professional Identification Card CEE Certification of Credit Units Earned Certificate of Registration (photocopy)	
	Just the same
	(Signature) Licensed Embalmer
Noted	
(Signature over printed name) CHD Program Coordinator	