



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY



Building 1, San Lazaro Compound, Rizal Avenue
Sta. Cruz, Manila, 1003 Philippines
Tel. No. (+63-2) 711-95-02/03; Trunkline: 743-83-01 loc. 1125 Fax: 743-1829
E-mail Address: osec@doh.gov.ph Web site: <http://www.doh.gov.ph>

COMMITTEE OF EXAMINERS FOR UNDERTAKERS & EMBALMERS

RENEWAL APPLICATION (License)

Control No. _____

NAME _____

ADDRESS _____

DATE OF BIRTH _____ AGE _____

CONTACT NUMBERS: OFFICE _____

RESIDENCE _____ CEL # _____

OFFICE ADDRESS _____

Supporting Documents : _____ Date Submitted _____

- _____ Medical Certificate
- _____ PTR (from LGU)
- _____ Resident Certificate
- _____ Professional Identification Card
- _____ CEE Certification of Credit Units Earned
- _____ Certificate of Registration (photocopy)
- _____ 1 pc 1x1 ID picture
- _____ 2 pcs 2x2 ID picture
- _____ Renewal Fee Receipt / Number

(Signature)
Licensed Embalmer

Noted

(Signature over printed name)
CHD Program Coordinator