# **CREMATED REMAINS DISPOSER ANNUAL REPORT**

Pursuant to Business and Professions Code Sections 7672.7, 7672.8

For the period from July 1, \_\_\_\_\_ to June 30, \_\_\_\_\_

| Name of Cremated Remains Disposer: |                             |                     |                      | CRD Registration No:                   |   |                                  |
|------------------------------------|-----------------------------|---------------------|----------------------|--|---|----------------------------------|
| Name of Deceased                   | Date<br>Remains<br>Received | Date of<br>Disposal | Location of Disposal | Name of Person Authorizing<br>Disposal | Address of Person Authorizing<br>Disposal | Means &<br>Manner of<br>Disposal |
|                                    |                             |                     |                      |  |   |                                  |
|                                    |                             |                     |                      |  |   |                                  |
|                                    |                             |                     |                      |  |   |                                  |
|                                    |                             |                     |                      |  |   |                                  |
|                                    |                             |                     |                      |  |   |                                  |
|                                    |                             |                     |                      |  |   |                                  |
|                                    |                             |                     |                      |  |   |                                  |
|                                    |                             |                     |                      |  |   |                                  |
|                                    |                             |                     |                      |  |   |                                  |
|                                    |                             |                     |                      |  |   |                                  |
|                                    |                             |                     |                      |  |   |                                  |
|                                    |                             |                     |                      |  |   |                                  |
|                                    |                             |                     |                      |  |   |                                  |

| Page | of | total | pages. |
|------|----|-------|--------|
|------|----|-------|--------|

| Name of Deceased | Date<br>Remains<br>Received | Date of<br>Disposal | Location of Disposal | Name of Person Authorizing<br>Disposal | Address of Person Authorizing<br>Disposal | Means &<br>Manner of<br>Disposal |
|------------------|-----------------------------|---------------------|----------------------|--|---|----------------------------------|
|                  |                             |                     |                      |  |   |                                  |
|                  |                             |                     |                      |  |   |                                  |
|                  |                             |                     |                      |  |   |                                  |
|                  |                             |                     |                      |  |   |                                  |
|                  |                             |                     |                      |  |   |                                  |
|                  |                             |                     |                      |  |   |                                  |
|                  |                             |                     |                      |  |   |                                  |
|                  |                             |                     |                      |  |   |                                  |
|                  |                             |                     |                      |  |   |                                  |
|                  |                             |                     |                      |  |   |                                  |
|                  |                             |                     |                      |  |   |                                  |
|                  |                             |                     |                      |  |   |                                  |
|                  |                             |                     |                      |  |   |                                  |
|                  |                             |                     |                      |  |   |                                  |
|                  |                             |                     |                      |  |   |                                  |
|                  |                             |                     |                      |  |   |                                  |

| Name of Deceased | Date<br>Remains<br>Received | Date of<br>Disposal | Location of Disposal | Name of Person Authorizing<br>Disposal | Address of Person Authorizing<br>Disposal | Means &<br>Manner of<br>Disposal |
|------------------|-----------------------------|---------------------|----------------------|--|---|----------------------------------|
|                  |                             |                     |                      |  |   |                                  |
|                  |                             |                     |                      |  |   |                                  |
|                  |                             |                     |                      |  |   |                                  |
|                  |                             |                     |                      |  |   |                                  |
|                  |                             |                     |                      |  |   |                                  |
|                  |                             |                     |                      |  |   |                                  |
|                  |                             |                     |                      |  |   |                                  |
|                  |                             |                     |                      |  |   |                                  |

The total number of cremated remains scattered during the reporting period covered by this report is \_\_\_\_\_\_. I certify under penalty of perjury, under the laws of the State of California that the information presented above in this report is complete, true and correct to the best of my knowledge and belief.

| Signature:    | Date:    | Phone Number: |
|---------------|----------|---------------|
|               |          |               |
| Name (Print): | CRD No.: |               |

- If additional pages are needed, please make copies of the second page of the blank report.
- This report must be kept current throughout the year and available for inspection by the Bureau. The annual report must be submitted to the Bureau with the request for renewal of your cremated remains disposer registration. The report must be filed with the Bureau no later than September 30th of each year.
- Any cremated remains disposer that makes a willful and material false statement regarding the disposal of cremated remains in the annual report shall be subject to disciplinary action and is guilty of a misdemeanor (Business and Professions Code § 7672.7(b) and (c)).
- For more information, contact: Cemetery and Funeral Bureau (916) 574-7870, 1625 North Market Blvd., Suite S-208, Sacramento, CA 95834. *www.cfb.ca.gov/*.



BUSINESS CONCINER SERVICES. AND HOUSING ABOLY - BOMPARIE FONUM & BROWN JR. CEMETERY AND FUNERAL BUREAU 1625 N. Market Blvd., Suite S-208, Sacramento, CA 95834 P 916.574.7870 F 916.928.7988 www.cfb.ca.gov



# NOTICE ON COLLECTION OF PERSONAL INFORMATION

## **Collection and Use of Personal Information**

The Cemetery and Funeral Bureau (Bureau) of the Department of Consumer Affairs collects the personal information requested on this form in accordance with Business and Professions Code (BPC) sections 30, 35, 114.3, 114.5, 115.4, 115.5, 144, 480, Cemetery and Funeral Act (BPC section 7600 et. seq.), and the Information Practices Act. The Bureau uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses, and enforce licensing and reporting standards set by law and regulation.

#### **Mandatory Submission**

Submission of the requested information is mandatory unless otherwise noted on the application and/or form. The Bureau cannot consider your application for licensure or renewal unless you provide all of the requested information.

#### Access to Personal Information

You may review the records maintained by the Bureau that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

## **Possible Disclosure of Personal Information**

We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code Section 6250 and following), as allowed by the Information Practices Act (Civil Code Section 1798 and following);
- To another government agency as required by State or Federal law; or,
- In response to a court or administrative order, a subpoena, or a search warrant.

#### **Contact Information**

For questions about this notice or access to your records, you may contact the Custodian of Records, Cemetery and Funeral Bureau at 1625 North Market Boulevard, Suite S-208, Sacramento, CA 95834, by phone at (916) 574-7870, or by e-mail at <u>emailcfb@dca.ca.gov</u>. For questions about the Department's Privacy Policy, you may contact the Department of Consumer Affairs at 1625 North Market Boulevard, Sacramento, CA 95834, by phone at (800) 952-5210, or by e-mail at <u>dca@dca.ca.gov</u>.