



**APPLICATION FOR CHANGE IN LOCATION OF FUNERAL ESTABLISHMENT  
 AND/OR REQUEST APPROVAL TO SHARE PREPARATION AND/OR STORAGE ROOM  
 APPLICATION FEE \$250.00**

<input type="checkbox"/> Change of Location of Funeral Establishment (Complete Sections A, C, E, F and if applicable B and D)			<input type="checkbox"/> Request Approval to Change/Share Location of Preparation and/or Storage Room (Complete Sections A,B, D, E and F)				
<b>SECTION A: APPLICANT INFORMATION</b>							
Name of Funeral Establishment				License Number FD	Expiration Date		
Present Establishment Address		City	State CA	Zip Code			
Telephone Number ( )		Fax Number ( )	Email Address (Not required)				
<i>Please indicate below if <input type="checkbox"/> Present Preparation and/or <input type="checkbox"/> Storage Address is different than above:</i>							
Name and address of shared establishment			City	Zip Code	License Number FD		
<b>SECTION B: MANAGING FUNERAL DIRECTOR</b>							
Last Name		First		License Number FDR			
<b>SECTION C: DESIGNATED MAIN OFFICE</b> (To be completed only if requesting approval to share preparation and/or storage)							
Name of Establishment			License Number FD	Miles from FD listed in Section A			
<b>SECTION D: NEW ESTABLISHMENT LOCATION</b> (To be completed only if funeral establishment is moving to another location.)							
New Establishment Address			City	Zip Code			
Preparation and Storage on Site <input type="checkbox"/> Yes <input type="checkbox"/> No							
<b>SECTION E: NEW LOCATION OF PREPARATION AND/OR STORAGE</b> (To be complete only if the funeral establishment is changing it's preparation and/or storage address)							
Name of Establishment (If applicable)			Miles from Main Office (If applicable)	License Number FD			
Address		City		Zip Code			
Use of Facility <input type="checkbox"/> Preparation and/or <input type="checkbox"/> Storage		If requesting approval to share, are the establishments under Common Ownership? <input type="checkbox"/> Yes <input type="checkbox"/> No, Submit a contractual Agreement with this application.					
<b>SECTION F: CERTIFICATION</b> (This certification must be signed by the owner, if a sole proprietorship; a partner, if a partnership; or a corporate officer, if a corporation, or the designated managing funeral director.)							
I certify under penalty of perjury under the laws of the State of California that all statements furnished in connection with this application are true and accurate.							
Signature			Print Name	Date			
<b>FOR BUREAU USE ONLY</b>							
Date Cashiered		Amount Received		ATS ID Number	Receipt Number		
Common Ownership Checked	Within 60 Miles	Inspection Notice Sent	Application Approved	Status Screen	Notes Screen	New Establishment License Ordered (If applicable)	License Mailed



**INFORMATION AND INSTRUCTIONS FOR APPLICATION FOR:  
CHANGE IN LOCATION AND REQUEST FOR  
APPROVAL TO SHARE PREPARATION AND/OR STORAGE**

To be completed when a funeral establishments changes location of it main office and/or preparation and/or storage.

**INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR CHANGE IN LOCATION**

**Section A:** Applicant Information (to be completed by all applicants)

**Section B:** Designated Main Office (to be completed only if requesting approval to share preparation and/or storage)

**Section C:** New location of Establishment (to be completed only if your establishment is moving)

**Section D:** New location of Preparation and/or Storage (to be completed only if you are changing location of your preparation and/or Storage)

**Section E:** Name and FDR number of Managing Funeral Director (to be completed by all applicants)

**Section F:** Applicant Certification (to be completed by all applicants)

**CONDITIONS THAT MUST BE MEET FOR APPROVAL TO SHARE PREPARATION AND STORAGE**

A licensed funeral establishment may share a preparation and/or a storage room with other licensed funeral establishments, upon approval by the Board, under the following conditions, per California Code of Regulations Section 1223.1:

- (a) The licensed funeral establishments are under common ownership or have a contractual agreement to share a preparation and/or storage room;
- (b) The common owners have designated one funeral establishment as the main office as defined in Section 1204(c)(2);
- (c) The remaining establishments or the establishments using the facilities of the main office are within a 60 mile radius of the main office;
- (d) The licensed funeral establishment in which the common storage room is located has designated a separate labeled area within the storage room for each of the establishments using its facilities and has sufficient capacity to accommodate each licensee using the space;
- (e) An identification and labeling system shall be in place to effectively identify the human remains being prepared and/or stored in the facilities;
- (f) The facilities meet the requirements as specified in Section 7616 of the Business and Professions Code and have passed inspection by the Board to determine its suitability for shared purposes;
- (g) A licensed funeral establishment requesting permission from the Board to share their preparation and/or storage room must make a request, in writing, on a form provided by the Board. An inspection will then be scheduled and completed to ensure that the above mentioned conditions have been met before the establishment can begin sharing its facilities.

**\*\*\*\* When preparation and storage will be at two separate locations, two applications need to be filed. \*\*\*\***



## NOTICE ON COLLECTION OF PERSONAL INFORMATION

### Collection and Use of Personal Information

The Cemetery and Funeral Bureau of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Sections 30, 144, 7617.1, 7618, 7619, 7620, 7628, 7642, 7643, 7661, 7662, 7665, 7667, 9650, 9650.2, 9650.3, 9700, 9701, 9702.1, 9704, 9715, 9715.1, 9716, 9723, 9723.1, 9741, 9745, 9746, 9781, 9787.3 and the Information Practices Act. The Cemetery and Funeral Bureau uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses, and enforce licensing standards set by law and regulation.

### Mandatory Submission

Submission of the requested information is mandatory unless otherwise noted on the form. The Cemetery and Funeral 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 Cemetery and Funeral 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 [emailcfb@dca.ca.gov](mailto:emailcfb@dca.ca.gov). 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 [dca@dca.ca.gov](mailto:dca@dca.ca.gov).