



# Crematory License

## 2016 1<sup>st</sup> Quarter Report

<i>For Bureau Use Only</i>
License Number
Receipt Number
Date Processed

**Due on or before: April 30, 2016**

**Crematory Name:** \_\_\_\_\_

**Crematory License Number: CR** \_\_\_\_\_

List the total number of cremations performed from January 1, 2016 through March 31, 2016.

Number of cremations performed	_____ x \$8.50 = _____
<b>TOTAL DUE</b>	<b>\$</b> _____

Please make your check payable to the "Cemetery and Funeral Bureau" and send it to the letterhead address.

\_\_\_\_\_  
 AUTHORIZED SIGNATURE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 PRINT NAME

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 TELEPHONE NUMBER



# Crematory License

## 2016 2<sup>nd</sup> Quarter Report

<i>For Bureau Use Only</i>
License Number
Receipt Number
Date Processed

**Due on or before: July 31, 2016**

**Crematory Name:** \_\_\_\_\_

**Crematory License Number: CR** \_\_\_\_\_

List the total number of cremations performed from April 1, 2016 through June 30, 2016.

Number of cremations performed	_____ x \$8.50 = _____
<b>TOTAL DUE</b>	<b>\$</b> _____

Please make your check payable to the "Cemetery and Funeral Bureau" and send it to the letterhead address.

\_\_\_\_\_  
 AUTHORIZED SIGNATURE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 PRINT NAME

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 TELEPHONE NUMBER



# Crematory License

## 2016 3<sup>rd</sup> Quarter Report

<i>For Bureau Use Only</i>
License Number
Receipt Number
Date Processed

**Due on or before: October 31, 2016**

**Crematory Name:** \_\_\_\_\_

**Crematory License Number: CR** \_\_\_\_\_

List the total number of cremations performed from July 1, 2016 through September 30, 2016.

Number of cremations performed	_____ x \$8.50 = _____
<b>TOTAL DUE</b>	<b>\$</b> _____

Please make your check payable to the "Cemetery and Funeral Bureau" and send it to the letterhead address.

\_\_\_\_\_  
 AUTHORIZED SIGNATURE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 PRINT NAME

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 TELEPHONE NUMBER



# Crematory License

## 2016 4<sup>th</sup> Quarter Report

<i>For Bureau Use Only</i>
License Number
Receipt Number
Date Processed

**Due on or before: January 31, 2017**

**Crematory Name:** \_\_\_\_\_

**Crematory License Number: CR** \_\_\_\_\_

List the total number of cremations performed from October 1, 2016 through December 31, 2016.

Number of cremations performed	_____ x \$8.50 = _____
<b>TOTAL DUE</b>	<b>\$</b> _____

Please make your check payable to the "Cemetery and Funeral Bureau" and send it to the letterhead address.

\_\_\_\_\_  
 AUTHORIZED SIGNATURE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 PRINT NAME

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 TELEPHONE NUMBER



## 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 sections 30, 144, 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 [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).