



Crematory License

2025 1st Quarter Report

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

Due on or before: April 30, 2025

Crematory Name: _____

Crematory License Number: CR _____

List the total number of cremations performed from January 1, 2025 through March 31, 2025.

Number of cremations performed	_____ x \$11.50 = _____
TOTAL DUE	\$ _____

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 click [here](#) for details



BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

CEMETERY AND FUNERAL BUREAU
1625 N. Market Blvd., Suite S-208, Sacramento, CA 95834
(916) 574-7870 | emailcfb@dca.ca.gov | www.cfb.ca.gov



Crematory License

2025 2nd Quarter Report

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

Due on or before: July 31, 2025

Crematory Name: _____

Crematory License Number: CR _____

List the total number of cremations performed from April 1, 2025 through June 30, 2025.

Number of cremations performed	_____ x \$11.50 = _____
TOTAL DUE	\$ _____

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

AUTHORIZED SIGNATURE

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PRINT NAME

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Crematory License

2025 3rd Quarter Report

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

Due on or before: October 31, 2025

Crematory Name: _____

Crematory License Number: CR _____

List the total number of cremations performed from July 1, 2025 through September 30, 2025.

Number of cremations performed	_____ x \$11.50 = _____
TOTAL DUE	\$ _____

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

AUTHORIZED SIGNATURE

DATE

PRINT NAME

TITLE

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Crematory License

2025 4th Quarter Report

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

Due on or before: January 31, 2026

Crematory Name: _____

Crematory License Number: CR _____

List the total number of cremations performed from October 1, 2025 through December 31, 2025.

Number of cremations performed	_____ x \$11.50 = _____
TOTAL DUE	\$ _____

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

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DATE

PRINT NAME

TITLE

TELEPHONE NUMBER

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