CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

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

Hydrolysis Facility License

2025 1st Quarter Report

For Bureau Use Only
License Number
Receipt Number
Date Processed

Due on or before: April 30, 2025

Hydrolysis Facility Name:_____

Hydrolysis Facility License Number: HF_____

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

Number of hydrolysis performed	_____ x $11.50 = 0.00
TOTAL DUE	**$** 0.00

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

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Hydrolysis Facility License

2025 2nd Quarter Report

For Bureau Use Only
License Number
Receipt Number
Date Processed

Due on or before: July 31, 2025

Hydrolysis Facility Name:_____

Hydrolysis Facility License Number: HF_____

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

Number of hydrolysis performed	_____ x $11.50 = **0.00**
TOTAL DUE	**$** 0.00

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

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Hydrolysis Facility License

2025 3rd Quarter Report

For Bureau Use Only
License Number
Receipt Number
Date Processed

Due on or before: October 31, 2025

Hydrolysis Facility Name: _____

Hydrolysis Facility License Number: HF_____

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

Number of hydrolysis performed	_____ x $11.50 = 0.00
TOTAL DUE	**$** 0.00

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

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Hydrolysis Facility License

2025 4th Quarter Report

For Bureau Use Only
License Number
Receipt Number
Date Processed

Due on or before: January 31, 2026

Hydrolysis Facility Name: _____

Hydrolysis Facility License Number: HF _____

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

Number of hydrolysis performed	_____ x $11.50 = 0.00
TOTAL DUE	**$** 0.00

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