



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

### CERTIFICATION AFFIDAVIT

<b>I AM COMPLETING THIS AFFIDAVIT AS A:</b>				
<input type="checkbox"/> SOLE OWNER <input type="checkbox"/> PARTNER <input type="checkbox"/> CORPORATE OFFICER <input type="checkbox"/> LIMITED LIABILITY COMPANY MEMBER <input type="checkbox"/> TRUSTEE				
NAME OF FUNERAL ESTABLISHMENT, CEMETERY, CREMATORY, CORPORATION, OR LIMITED LIABILITY COMPANY				
PHONE NUMBER (      )		FAX NUMBER (      )		LICENSE NUMBER OF FD, COA, OR CR (If applicable)
LAST NAME		FIRST NAME		MIDDLE INITIAL
ADDRESS			CITY	STATE      ZIP CODE
DATE OF BIRTH		SOCIAL SECURITY NUMBER		TITLE (If applicable)
Have you previously submitted Live Scan Service to the Cemetery and Funeral Bureau? If yes, explain for what purpose: _____ If no, submit a copy of your Request for Live Scan Service form verifying that fingerprints have been scanned and all applicable fees have been paid along with this application.				<input type="checkbox"/> YES <input type="checkbox"/> NO
Business and Professions Code section 135.4 provides that the Cemetery and Funeral Bureau must expedite, and may assist, the initial licensure process for certain applicants described below. Do any of the following statements apply to you: <ul style="list-style-type: none"> <li>You were admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code;</li> <li>You were granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to section 1158 of title 8 of the United States Code; or,</li> <li>You have a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government.</li> </ul> If you selected YES, you must attach evidence of your status as a refugee, asylee, or special immigrant visa holder. Failure to do so may result in application review delays.				<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever had any professional or vocational license or registration denied, suspended, revoked, placed on probation or other disciplinary action taken by this or any other governmental authority in the United States, its territories, or a foreign country?  If yes, please attach an explanation that includes license type, action, company name (if applicable), year of action, and state, territory, or country.				<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>CERTIFICATION OF APPLICANT</b>				
I certify under penalty of perjury, under the laws of the State of California that all information provided on this form is true and correct.				
SIGNATURE _____			DATE _____	
<small><b>Note:</b> Section 30 of the Business and Professions Code and Public Law 94-455 (42 U.S.C.A. 405 (c)(2)(c)) authorizes the collection of your Social Security Number (SSN). The disclosure of your SSN is mandatory. The information will be used exclusively for tax enforcement purposes and for purposes of compliance with section 11350.6 of the Welfare and Institutions Code. If you fail to disclose your SSN, you will be reported to the Franchise Tax Board, which may assess a \$100.00 penalty against you. Questions regarding this requirement must be directed to the Franchise Tax Board: Southern California (800) 852-7050, Northern California (800) 852-5711, or Sacramento (916) 369-0500.</small>  <small>Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the Bureau. You are obligated to pay your state tax obligation and your license may be suspended if the state tax obligation is not paid per Business and Professions Code section 31(e).</small>				
<b>FOR BUREAU USE ONLY</b>				
FINGERPRINT ON FILE	LIVE SCAN RESULTS RECEIVED	APPROVE BY	ENFORCEMENT APPROVAL	DATE



## NOTICE ON COLLECTION OF PERSONAL INFORMATION

### Collection and Use of Personal Information

The Cemetery and Funeral Bureau (Bureau) of the Department of Consumer Affairs (DCA) collects the personal information requested on this form as authorized by Business and Professions Code (BPC) sections 30, 114.5, 115.4, 115.5, 144, 144.5, 480, 7600 and the following, and the Information Practices Act (Civil. Code section 1798 and the following). The Bureau uses this information, in accordance with DCA's Privacy Policy, principally to identify and evaluate applicants for licensure, to issue and renew licenses, to enforce licensing and reporting standards set by law and regulation.

### Mandatory Submission

Submission of the requested information is mandatory. The Bureau cannot consider your application for licensure or renewal unless you provide all 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

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

- In response to a Public Records Act request (Government Code section 7920.000 et seq.), as allowed by the Information Practices Act.
- Disclosure to another government agency as required by state or federal law.
- 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, 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 DCA's Privacy Policy, 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).

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