



CREMATORY OR HYDROLYSIS FACILITY NOTIFICATION OF CHANGE

NOTICE ON COLLECTION OF PERSONAL INFORMATION (Rev. 9/2023)

☐ CREMATORY	☐ HYDROLYSIS FACILITY
☐ Change or addition of Corporate Officers Attach Certification Affidavit(s) and completed Request for Live Scan Service Form	☐ Change or addition of Corporate Officers Attach Certification Affidavit(s) and completed Request for Live Scan Service Form
SECTION A: CEMETERY INFORMATION	
NAME OF CREMATORY OR HYDROLYSIS FACILITY	
LICENSE NUMBER	
ADDRESS	CITY
	STATE CA
	ZIP CODE
MAILING ADDRESS (if applicable)	CITY
	STATE
	ZIP CODE
PHONE NUMBER ()	CONTACT PERSON
CONTACT PERSON EMAIL ADDRESS	CONTACT PERSON PHONE NUMBER
SECTION B: CHANGE IN CORPORATE OFFICER(S) (Attach additional pages if needed)	
NAME OF CORPORATION	
CORPORATION FEIN NUMBER	
CORPORATE OFFICER(S) TO BE DISSOCIATED FROM THIS CREMATORY OR HYDROLYSIS FACILITY	
TITLE	LAST NAME
	FIRST NAME
	DATE OF DISSOCIATION
CORPORATE OFFICER(S) TO BE ASSOCIATED WITH THIS CREMATORY OR HYDROLYSIS FACILITY	
TITLE	LAST NAME
	FIRST NAME
	DATE OF ASSOCIATION
ALL CORPORATE OFFICERS ARE REQUIRED TO SUBMIT A CERTIFICATION AFFIDAVIT	
SECTION C: CERTIFICATION OF APPLICANT (Must be signed by Owner, Partner, or Corporate Officer)	
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 _____	
PRINT NAME _____ TITLE _____	
FOR BUREAU USE ONLY	
DATE COMPLETED	ATS ID NUMBER
REPLACEMENT LICENSE ORDERED?	PROCESSED BY (INITIALS)