



INFORMATION AND CHECK LIST FOR COMPLETING AN ORIGINAL FUNERAL ESTABLISHMENT APPLICATION

The attached application must be completed when a funeral establishments changes ownership, incorporates, adds a partner, or when the owner dies leaving the funeral establishment as all or part of an estate.

APPLICATION INSTRUCTIONS FOR ORIGINAL FUNERAL ESTABLISHMENT

Section A: Funeral Establishment Information

Section B: Name of Applicant (Person submitting the application, on behalf of themselves, a partnership or a corporation)

Section C: Designate a Funeral Director (if sharing the designated funeral director list all additional establishments the Funeral Director has been approved to manage)

Section D: Location of Preparation and/or Storage (state if onsite, if not, address of preparation and/or storage and if sharing who are you sharing with (if not under common ownership, submit a contractual agreement with this application))

Section E: Ownership (state if you are filling as an Individual, a partnership or a corporation, fill out the corresponding information (a certification affidavit must be submitted for individual owners, partners or corporate officers)

Section F: Funeral Trust Fund Preeed Reporting (check one)

Section G: Trustees (to be completed only if you plan to have individual trustees, a certification affidavit must be submitted for each trustee)

Section H: Certification of Applicant

CHECK LIST

- A completed application with the required fees.
- A copy of the Articles of Incorporation if a corporation (include a corporate resolution specifically authorizing the applicant to pursue the application on behalf of the corporation).
- A copy of a Partnership agreement if a partnership.
- Include a certification affidavit for each owner, partner, corporate officer and trustee.
- Letter or documentation from the city or county in which the establishment is located approving the use and location of the proposed funeral establishment.
- If you are sharing preparation and/or storage and it is not under common ownership, submit a contractual agreement with the establishment you are sharing with.
- Name and address of funeral establishment designated as main office if sharing funeral director, and/or preparation and/or storage.**



APPLICATION FOR ORIGINAL FUNERAL ESTABLISHMENT
APPLICATION FEE \$400

FD Number Issued

SECTION A: FUNERAL ESTABLISHMENT INFORMATION

Name of Funeral Establishment		FEIN Number	
Address of Funeral Establishment		City	State CA
Mailing Address of Funeral Establishment (If applicable)		City	State CA
Phone Number () ()	Fax Number () ()	Email Address (Not required)	

SECTION B: NAME OF APPLICANT (If corporation, submit a resolution delegating authority to applicant to submit the application)

Last Name	First	Telephone Number (If different than above) () ()
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SECTION C: NAME OF DESIGNATED FUNERAL DIRECTOR

Last Name	First	License Number FDR	Expiration Date
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Sharing Funeral Director (If applicable, must be under common ownership, and within 60 miles of main office)

Designated Funeral Director is also managing the following licensed Funeral establishments.	FD #	FD#	FD#	FD #	FD#
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SECTION D: LOCATION OF PREPARATION AND STORAGE **APPROVAL TO SHARE**

Storage on Site: Yes <input type="checkbox"/> No <input type="checkbox"/> Preparation on Site: Yes <input type="checkbox"/> No <input type="checkbox"/>	Sharing: Yes <input type="checkbox"/> No <input type="checkbox"/>	Must be within 60 miles of the main office.
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If yes to both, proceed to Section E

Name and Address of Preparation and/or Storage (If different from establishment address)	Sharing with the Following Establishment(s)		
<input type="checkbox"/> Storage <input type="checkbox"/> Preparation or <input type="checkbox"/> Both	FD #	Miles From Main office	Under Common Ownership: Yes <input type="checkbox"/> No <input type="checkbox"/>
Name Street City Zip			If no, please submit a contractual agreement
<input type="checkbox"/> Storage <input type="checkbox"/> Preparation or <input type="checkbox"/> Both	FD #	Miles From Main office	Under Common Ownership: Yes <input type="checkbox"/> No <input type="checkbox"/>
Name Street City Zip			If no, please submit a contractual agreement

Name and address of Funeral Establishment Designated as Main Office (If applicable) – See sections C & D	License Number FD
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SECTION E: OWNERSHIP (INDIVIDUAL, PARTNERSHIP OR CORPORATION)

If owner is an INDIVIDUAL, complete the following:

Last Name	First	Middle Initial
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ATTACH A COMPLETED CERTIFICATION AFFIDAVIT WITH THIS APPLICATION.

FOR BUREAU USE ONLY

Date Cashiered	Amount Cashiered	ATS ID Number	Receipt Number
Affidavit's Received	Common Ownership Checked	Within 60 Miles	Inspection Notice Sent
	Application Approved	Relate License	Statues/Notes Screen
			Duplicate Manager License Ordered (If required)

SECTION E: CONTINUEDIf owner is a **PARTNERSHIP**, complete the following– List all general partners (Submit a partnership agreement, attach additional pages as needed)

Last Name	First	Middle Initial	% Owned

ATTACH A COMPLETED CERTIFICATION AFFIDAVIT FOR EACH PARTNER.If owner is a **CORPORATION**, complete the following (Attach a copy of the articles of incorporation)

Name of Corporation (Exact name as shown on Articles of Incorporation)

Address (If different than establishment address)	City	State	Zip
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Incorporated in State of	Date Incorporated
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CORPORATE OFFICERS – List the top 4 Senior Officers of the Corporation

Title	Last Name	First Name	Middle Initial
President			
Vice President			
Treasurer			
Secretary			

ATTACH A COMPLETED CERTIFICATION AFFIDAVIT FOR EACH OFFICER.**SECTION F: FUNERAL TRUST FUNDS PRENEED REPORTING**

This funeral establishment is planning to have (Check one)

1. No Preneed trust accounts
2. Preneed trust accounts but they are non-reportable
3. Reportable Preneed trust accounts (List trustees below)

SECTION G: TRUSTEES (If applicable, only one trustee can be an employee or officer of the funeral establishment))

Last Name	First Name	Middle Initial

ATTACH A COMPLETED CERTIFICATION AFFIDAVIT FOR EACH TRUSTEE.**SECTION H: CERTIFICATION OF APPLICANT**

I certify under penalty of perjury under the laws of the State of California that all statements furnished in connection with this application are true and accurate.

Signature	Title	Date
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Note: The information solicited on this form is required pursuant to Business and Professions Code Section 7617.1. All items in this application are mandatory; none are voluntary, unless indicated. Failure to provide any of the requested information will result in the application being considered incomplete (incomplete applications are subject to abandonment one year from the date the applicant is notified of deficiencies). All information provided will be used to determine qualification for licensure, per the Business and Professions Code that authorizes the collection of this information. Per California Civil Code Section 1798.17 (Information Practice Act), the Chief of the Cemetery and Funeral Bureau is responsible for maintaining information in this application. This information may be transferred to other governmental and enforcement agencies. Individuals have the right to review the records maintained on them by the agencies, unless the records are exempt by Section 1798.40 of the Civil Code. Requests for information may be addressed to the custodian of records: Bureau Chief, Cemetery and Funeral Bureau, 1625 North Market, Suite S208, Sacramento, CA 95834, (916) 574-7870.



CEMETERY AND FUNERAL BUREAU
 1625 N. Market Blvd., Suite S-208, Sacramento, CA 95834
 P 916.574.7870 F 916.928.7988 www.cfb.ca.gov



CERTIFICATION AFFIDAVIT

To be completed by each Owner, Partner, Officer, and Trustee (Make additional copies as needed).

I am completing this Affidavit as a:			
Sole Owner <input type="checkbox"/>	Partner <input type="checkbox"/>	Officer <input type="checkbox"/>	Trustee <input type="checkbox"/>
Name of Funeral Establishment, Cemetery, Crematory or Corporation this affidavit is being submitted on behalf of			
Phone Number ()		License Number of FD, CR or COA (If applicable)	
Last Name	First		Middle Initial
Address	City	State	Zip Code
Date of Birth	Social Security Number	Title (If applicable)	
Have you previously submitted fingerprint cards or a copy of a Request for Live Scan Service Form to the Cemetery and Funeral Bureau? If yes, for what license type, number, and the approximate date. _____ If no, submit a copy of your completed Request for Live Scan Service form, along with this application, verifying that fingerprints have been scanned and all applicable fees have been paid.			<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 this state or any other state, or any foreign country If "yes," please attach an explanation that includes license type, action, and company name (if applicable), year of action and state.			<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby certify under penalty of perjury under the laws of the State of California to the truth and accuracy of all statements, answers and representations made in the foregoing certification affidavit, including all supplementary statements.

Signature _____
Date

FOR BUREAU USE ONLY		
Fingerprints on File with	Live Scan Results Received on	
Approved by	Enforcement Approval	Date

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: So. California (800) 852-7050, No. California (800) 852-5711, or Sacramento at (916) 369-0500.



NOTICE ON COLLECTION OF PERSONAL INFORMATION

Collection and Use of Personal Information

The Cemetery and Funeral Bureau of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Sections 30, 144, 7617.1, 7618, 7619, 7620, 7628, 7642, 7643, 7661, 7662, 7665, 7667, 9650, 9650.2, 9650.3, 9700, 9701, 9702.1, 9704, 9715, 9715.1, 9716, 9723, 9723.1, 9741, 9745, 9746, 9781, 9787.3 and the Information Practices Act. The Cemetery and Funeral Bureau uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses, and enforce licensing standards set by law and regulation.

Mandatory Submission

Submission of the requested information is mandatory unless otherwise noted on the form. The Cemetery and Funeral 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 Cemetery and Funeral 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. 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.