



**CEMETERY AND FUNERAL BUREAU**  
 P. O. Box 989003  
 West Sacramento, CA 95798-9003  
 (916) 574-7870 Fax (916) 574-8620



## Certificate of Authority – Cemetery 2007 1<sup>st</sup> Quarter Report

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

**Due on or before: April 30, 2007**

**Cemetery Name:** \_\_\_\_\_

**License No.:** COA \_\_\_\_\_

***COMPLETE THIS PORTION IF YOU HAVE AN ONSITE CREMATORY***

- Have you submitted an application for a crematory license?  Yes  No
- If you have been issued a crematory license, list the license number and date issued:  
 CR \_\_\_\_\_ Date Issued \_\_\_\_\_
- Are you reporting crematory activities on a separate report?  Yes  No

List the total number of interments performed from January 1, 2007 through March 31, 2007. Cremations performed at a licensed crematory located at the cemetery and under common ownership should be reported separately on a crematory quarterly report form.

A.	Number of burials including cremated remains	Do not include cremated remains reported under D, below	_____ x \$8.50 = _____
B.	Number of entombments including remains in mausoleum	Do not include cremated remains reported under D, below	_____ x \$8.50 = _____
C.	Number of inurnments in columbarium	Do not include cremated remains reported under D, below	_____ x \$8.50 = _____
D.	Number of cremations	Include only cremations performed at onsite crematory operating under COA license	_____ x \$8.50 = _____
<b>Total due (A+B+C+D)</b>			<b>\$ _____</b>

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (print): \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

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## Certificate of Authority – Cemetery 2007 2<sup>nd</sup> Quarter Report

*For Bureau Use Only*

License Number

Receipt Number

Date Processed

**Due on or before: July 31, 2007****Cemetery Name:** \_\_\_\_\_**License No.:** COA \_\_\_\_\_***COMPLETE THIS PORTION IF YOU HAVE AN ONSITE CREMATORY***

- Have you submitted an application for a crematory license?  Yes  No
- If you have been issued a crematory license, list the license number and date issued:  
CR \_\_\_\_\_ Date Issued \_\_\_\_\_
- Are you reporting crematory activities on a separate report?  Yes  No

List the total number of interments performed from April 1, 2007 through June 30, 2007. Cremations performed at a licensed crematory located at the cemetery and under common ownership should be reported separately on a crematory quarterly report form.

A.	Number of burials including cremated remains	<i>Do not include</i> cremated remains reported under D, below	_____ x \$8.50 = _____
B.	Number of entombments including remains in mausoleum	<i>Do not include</i> cremated remains reported under D, below	_____ x \$8.50 = _____
C.	Number of inurnments in columbarium	<i>Do not include</i> cremated remains reported under D, below	_____ x \$8.50 = _____
D.	Number of cremations	<i>Include only</i> cremations performed at onsite crematory operating under COA license	_____ x \$8.50 = _____
	<b>Total due (A+B+C+D)</b>		<b>\$ _____</b>

Authorized  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (print): \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_



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## Certificate of Authority – Cemetery 2007 3<sup>rd</sup> Quarter Report

For Bureau Use Only

License Number

Receipt Number

Date Processed

Due on or before: **October 31, 2007**

Cemetery Name: \_\_\_\_\_

License No.: COA \_\_\_\_\_

**COMPLETE THIS PORTION IF YOU HAVE AN ONSITE CREMATORY**

- Have you submitted an application for a crematory license?  Yes  No
- If you have been issued a crematory license, list the license number and date issued:  
CR \_\_\_\_\_ Date Issued \_\_\_\_\_
- Are you reporting crematory activities on a separate report?  Yes  No

List the total number of interments performed from July 1, 2007 through September 30, 2007. Cremations performed at a licensed crematory located at the cemetery and under common ownership should be reported separately on a crematory quarterly report form.

A.	Number of burials including cremated remains	<i>Do not include</i> cremated remains reported under D, below	_____ x \$8.50 = _____
B.	Number of entombments including remains in mausoleum	<i>Do not include</i> cremated remains reported under D, below	_____ x \$8.50 = _____
C.	Number of inurnments in columbarium	<i>Do not include</i> cremated remains reported under D, below	_____ x \$8.50 = _____
D.	Number of cremations	<i>Include only</i> cremations performed at onsite crematory operating under COA license	_____ x \$8.50 = _____
	<b>Total due (A+B+C+D)</b>		\$ _____

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (print): \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_



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## Certificate of Authority – Cemetery 2007 4<sup>th</sup> Quarter Report

For Bureau Use Only

License Number

Receipt Number

Date Processed

Due on or before: **January 31, 2008**

Cemetery Name: \_\_\_\_\_

License No.: COA \_\_\_\_\_

**COMPLETE THIS PORTION IF YOU HAVE AN ONSITE CREMATORY**

- Have you submitted an application for a crematory license?  Yes  No
- If you have been issued a crematory license, list the license number and date issued:  
CR \_\_\_\_\_ Date Issued \_\_\_\_\_
- Are you reporting crematory activities on a separate report?  Yes  No

List the total number of interments performed from October 1, 2007 through December 31, 2007. Cremations performed at a licensed crematory located at the cemetery and under common ownership should be reported separately on a crematory quarterly report form.

A.	Number of burials including cremated remains	<i>Do not include</i> cremated remains reported under D, below	_____ x \$8.50 = _____
B.	Number of entombments including remains in mausoleum	<i>Do not include</i> cremated remains reported under D, below	_____ x \$8.50 = _____
C.	Number of inurnments in columbarium	<i>Do not include</i> cremated remains reported under D, below	_____ x \$8.50 = _____
D.	Number of cremations	<i>Include only</i> cremations performed at onsite crematory operating under COA license	_____ x \$8.50 = _____
	<b>Total due (A+B+C+D)</b>		\$ _____

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (print): \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_