



**Cemetery & Funeral Bureau**  
 P. O. Box 989003, West Sacramento, CA 95798-9003  
 P 916-574-7870 | F 916-928-7988 | web www.cfb.ca.gov

# Crematory License 2011 1<sup>st</sup> Quarter Report

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

**Due on or before: April 30, 2011**

**Crematory Name:** \_\_\_\_\_

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

List the total number of cremations performed from January 1, 2011 through March 31, 2011.

A.	Number of cremations performed	_____ x \$8.50 = _____
	<b>Total Due</b>	<b>\$</b> _____

Please make your check payable to the "Cemetery and Funeral Bureau" and send to the P.O. Box listed above.

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

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

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