



Certificate of Authority – Cemetery 2015 1st Quarter Report

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

Due on or before: April 30, 2015

Cemetery Name: _____

License No.:COA _____

Report the total number of interments from January 1, 2015 through March 31, 2015. Reduce the totals by the number of cremations interred at the cemetery in which the cremation was performed at a licensed crematory located at the cemetery and under common ownership. The licensed crematory should report the cremations on their crematory quarterly report form.

<u>Type of Interment</u>	Total including cremated remains interred	Less: Cremations Reported under the Crematory License reported below	Net
Burial			
Entombment in a Mausoleum			
Inurnment in a Columbarium			
Total Interments in which fees are due			
Interment Fee			X \$8.50
Total Interment Fees Due			

If the number of interments is being reduced for any cremations reported by a crematory located at the cemetery and under common ownership with the cemetery, list the license number and date issued. CR _____ Date Issued _____

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

Authorized Signature: _____ Date: _____

Name (print): _____

Title: _____ Telephone: _____



Certificate of Authority – Cemetery 2015 2nd Quarter Report

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

Due on or before: July 31, 2015

Cemetery Name: _____

License No.:COA _____

Report the total number of interments from April 1, 2015 through June 30, 2015. Reduce the totals by the number of cremations interred at the cemetery in which the cremation was performed at a licensed crematory located at the cemetery and under common ownership. The licensed crematory should report the cremations on their crematory quarterly report form.

<u>Type of Interment</u>	Total including cremated remains interred	-	Less: Cremations Reported under the Crematory License reported below	=	Net
Burial		-		=	
Entombment in a Mausoleum		-		=	
Inurnment in a Columbarium		-		=	
Total Interments in which fees are due					
Interment Fee				X	\$8.50
Total Interment Fees Due					

If the number of interments is being reduced for any cremations reported by a crematory located at the cemetery and under common ownership with the cemetery, list the license number and date issued. CR _____ Date Issued _____

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

Authorized
 Signature: _____

Date: _____

Name (print): _____

Title: _____

Telephone: _____



Certificate of Authority – Cemetery 2015 3rd Quarter Report

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

Due on or before: October 31, 2015

Cemetery Name: _____

License No.:COA _____

Report the total number of interments from July 1, 2015 through September 30, 2015. Reduce the totals by the number of cremations interred at the cemetery in which the cremation was performed at a licensed crematory located at the cemetery and under common ownership. The licensed crematory should report the cremations on their crematory quarterly report form.

<u>Type of Interment</u>	Total including cremated remains interred	Less: Cremations Reported under the Crematory License reported below	Net
Burial			
Entombment in a Mausoleum			
Inurnment in a Columbarium			
Total Interments in which fees are due			
Interment Fee			X \$8.50
Total Interment Fees Due			

If the number of interments is being reduced for any cremations reported by a crematory located at the cemetery and under common ownership with the cemetery, list the license number and date issued. CR _____ Date Issued _____

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

Authorized Signature: _____ Date: _____

Name (print): _____

Title: _____ Telephone: _____



Certificate of Authority – Cemetery 2015 4th Quarter Report

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

Due on or before: January 31, 2016

Cemetery Name: _____

License No.: COA _____

Report the total number of interments from October 1, 2015 through December 31, 2015. Reduce the totals by the number of cremations interred at the cemetery in which the cremation was performed at a licensed crematory located at the cemetery and under common ownership. The licensed crematory should report the cremations on their crematory quarterly report form.

<u>Type of Interment</u>	Total including cremated remains interred	Less: Cremations Reported under the Crematory License reported below	Net
Burial			
Entombment in a Mausoleum			
Inurnment in a Columbarium			
Total Interments in which fees are due			
Interment Fee			X \$8.50
Total Interment Fees Due			

If the number of interments is being reduced for any cremations reported by a crematory located at the cemetery and under common ownership with the cemetery, list the license number and date issued. CR _____ Date Issued _____

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

Authorized Signature: _____ Date: _____

Name (print): _____

Title: _____ Telephone: _____



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.