



# Certificate of Authority (Cemetery)

## 2019 1<sup>st</sup> Quarter Report

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

**Due on or before: April 30, 2019**

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

**Cemetery License Number: COA** \_\_\_\_\_

Report the total number of interments from January 1, 2019 through March 31, 2019. Reduce the total number of interments by the number of cremations performed by the licensed crematory located on the grounds of the cemetery and under common ownership. The licensed crematory will report those cremations on their crematory quarterly report form.

If the number of interments is being reduced for any cremations performed by a crematory located on the grounds of a cemetery and under common ownership with the cemetery, list the license number and date issued: CR License No.: \_\_\_\_\_ Date Issued \_\_\_\_\_.

<u>Type of Interment</u>	Total (including cremated remains interred)	-	Less: Cremations reported under the Crematory License (above)	=	Net
Burial					
Entombment in a Mausoleum					
Inurnment in a Columbarium					
<b>Total Interments in which fees are due</b>					
<b>Interment Fee</b>				<b>X</b>	<b>\$8.50</b>
<b>TOTAL INTERMENT FEES DUE</b>					

Please make your check payable to the "Cemetery and Funeral Bureau" and send it to the letterhead address.

\_\_\_\_\_  
 AUTHORIZED SIGNATURE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 PRINT NAME

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 TELEPHONE NUMBER



# Certificate of Authority (Cemetery)

## 2019 2<sup>nd</sup> Quarter Report

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

**Due on or before: July 31, 2018**

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

**Cemetery License Number: COA** \_\_\_\_\_

Report the total number of interments from April 1, 2019 through June 30, 2019. Reduce the total number of interments by the number of cremations performed by the licensed crematory located on the grounds of the cemetery and under common ownership. The licensed crematory will report those cremations on their crematory quarterly report form.

If the number of interments is being reduced for any cremations performed by a crematory located on the grounds of a cemetery and under common ownership with the cemetery, list the license number and date issued: CR License No.: \_\_\_\_\_ Date Issued \_\_\_\_\_.

<u>Type of Interment</u>	Total (including cremated remains interred)	Less: Cremations reported under the Crematory License (above)	Net
Burial	-	=	
Entombment in a Mausoleum	-	=	
Inurnment in a Columbarium	-	=	
<b>Total Interments in which fees are due</b>			
<b>Interment Fee</b>		<b>X</b>	<b>\$8.50</b>
<b>TOTAL INTERMENT FEES DUE</b>			

Please make your check payable to the "Cemetery and Funeral Bureau" and send it to the letterhead address.

\_\_\_\_\_  
 AUTHORIZED SIGNATURE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 PRINT NAME

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 TELEPHONE NUMBER



# Certificate of Authority (Cemetery)

## 2019 3<sup>rd</sup> Quarter Report

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

**Due on or before: October 31, 2019**

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

**Cemetery License Number: COA** \_\_\_\_\_

Report the total number of interments from July 1, 2019 through September 30, 2019. Reduce the total number of interments by the number of cremations performed by the licensed crematory located on the grounds of the cemetery and under common ownership. The licensed crematory will report those cremations on their crematory quarterly report form.

If the number of interments is being reduced for any cremations performed by a crematory located on the grounds of a cemetery and under common ownership with the cemetery, list the license number and date issued: CR License No.: \_\_\_\_\_ Date Issued \_\_\_\_\_.

<u>Type of Interment</u>	Total (including cremated remains interred)	-	Less: Cremations reported under the Crematory License (above)	=	Net
Burial					
Entombment in a Mausoleum					
Inurnment in a Columbarium					
<b>Total Interments in which fees are due</b>					
<b>Interment Fee</b>				<b>X</b>	<b>\$8.50</b>
<b>TOTAL INTERMENT FEES DUE</b>					

Please make your check payable to the "Cemetery and Funeral Bureau" and send it to the letterhead address.

\_\_\_\_\_  
 AUTHORIZED SIGNATURE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 PRINT NAME

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 TELEPHONE NUMBER



# Certificate of Authority (Cemetery)

## 2019 4<sup>th</sup> Quarter Report

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

**Due on or before: January 31, 2020**

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

**Cemetery License Number: COA** \_\_\_\_\_

Report the total number of interments from October 1, 2019 through December 31, 2019. Reduce the total number of interments by the number of cremations performed by the licensed crematory located on the grounds of the cemetery and under common ownership. The licensed crematory will report those cremations on their crematory quarterly report form.

If the number of interments is being reduced for any cremations performed by a crematory located on the grounds of a cemetery and under common ownership with the cemetery, list the license number and date issued: CR License No.: \_\_\_\_\_ Date Issued \_\_\_\_\_.

<u>Type of Interment</u>	Total (including cremated remains interred)	-	Less: Cremations reported under the Crematory License (above)	=	Net
Burial					
Entombment in a Mausoleum					
Inurnment in a Columbarium					
<b>Total Interments in which fees are due</b>					
<b>Interment Fee</b>				<b>X</b>	<b>\$8.50</b>
<b>TOTAL INTERMENT FEES DUE</b>					

Please make your check payable to the "Cemetery and Funeral Bureau" and send it to the letterhead address.

\_\_\_\_\_  
 AUTHORIZED SIGNATURE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 PRINT NAME

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 TELEPHONE NUMBER



## NOTICE ON COLLECTION OF PERSONAL INFORMATION

### Collection and Use of Personal Information

The Cemetery and Funeral Bureau (Bureau) of the Department of Consumer Affairs collects the personal information requested on this form in accordance with Business and Professions Code sections 30, 144, 7600 et. seq., and the Information Practices Act. The Bureau uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses, and enforce licensing and reporting standards set by law and regulation.

### Mandatory Submission

Submission of the requested information is mandatory unless otherwise noted on the application and/or form. The 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 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](mailto: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](mailto:dca@dca.ca.gov).