



BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

**CEMETERY AND FUNERAL BUREAU**  
1625 N. Market Blvd., Suite S-208, Sacramento, CA 95834  
(916) 574-7870 | emailcfb@dca.ca.gov | www.cfb.ca.gov



## Crematory License

### 2023 1<sup>st</sup> Quarter Report

*For Bureau Use Only*

License  
Number

Receipt Number

Date Processed

**Due on or before: April 30, 2023**

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

**Crematory License Number: CR** \_\_\_\_\_

List the total number of cremations performed from January 1, 2023 through March 31, 2023.

Number of cremations performed	_____ x \$11.50 = _____
<b>TOTAL DUE</b>	<b>\$</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



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## Crematory License

### 2023 2<sup>nd</sup> Quarter Report

*For Bureau Use Only*

License  
Number

Receipt Number

Date Processed

**Due on or before: July 31, 2023**

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

**Crematory License Number: CR** \_\_\_\_\_

List the total number of cremations performed from April 1, 2023 through June 30, 2023.

Number of cremations performed	_____ x \$11.50 = _____
<b>TOTAL DUE</b>	<b>\$</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



## Crematory License

### 2023 3<sup>rd</sup> Quarter Report

*For Bureau Use Only*

License  
Number

Receipt Number

Date Processed

**Due on or before: October 31, 2023**

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

**Crematory License Number: CR** \_\_\_\_\_

List the total number of cremations performed from July 1, 2023 through September 30, 2023.

Number of cremations performed	_____ x \$11.50 = _____
<b>TOTAL DUE</b>	<b>\$</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



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## Crematory License

### 2023 4<sup>th</sup> Quarter Report

*For Bureau Use Only*

License  
Number

Receipt Number

Date Processed

**Due on or before: January 31, 2024**

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

**Crematory License Number: CR** \_\_\_\_\_

List the total number of cremations performed from October 1, 2023 through December 31, 2023.

Number of cremations performed	_____ x \$11.50 = _____
<b>TOTAL DUE</b>	<b>\$</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 Department of Consumer Affairs Cemetery and Funeral Bureau (Bureau) collects the personal information requested on this form in accordance with Business and Professions Code (BPC) sections 30, 114.5, 115.4, 115.5, 144, 144.5, 480, the Cemetery and Funeral Act (BPC section 7600, et. seq.), and the Information Practices Act (Civ. Code section 1798, et seq.). 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.

Failure to provide any of the requested information will result in the application being deemed incomplete pursuant to California Code of Regulations, title 16, sections 1254, 2328 and 2329. Incomplete applications are subject to abandonment one year from the date the applicant is notified of deficiencies.

In addition, BPC sections 30 and Public Law 94-455 (42 U.S.C.A. 405 (c)(2)(C)) authorize the collection of your Federal Employer Identification Number (FEIN) or Social Security Number (SSN) at the time of licensure. The information will be used for purposes of tax or child support enforcement, and verification of licensure and examination status. If you fail to disclose your FEIN or SSN, you will be reported to the Franchise Tax Board, which may assess a \$100.00 penalty against you.

### Access to Personal Information

The Bureau is responsible for maintaining the information contained within this application. You may request a copy of or review the records maintained by the Bureau that contain your personal information, as permitted by the Information Practices Act. You may submit your request to the Bureau's Custodian of Records listed in the contact information section below.

### Possible Disclosure of Personal Information

The Bureau makes every effort to protect the personal information you provide us. The information you provide, however, may be disclosed under the following circumstances:

- In response to a Public Records Act request (Government Code Section 6250, et seq.),
- 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).