



Hydrolysis Facility License

2026 1st Quarter Report

For Bureau Use Only

License
Number

Receipt Number

Date Processed

Due on or before: April 30, 2026

Hydrolysis Facility Name: _____

Hydrolysis Facility License Number: HF _____

List the total number of hydrolysis performed from January 1, 2026 through March 31, 2026.

Number of hydrolysis performed	_____ x \$11.50 = _____
TOTAL DUE	\$ _____

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 click [here](#) for details



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



Hydrolysis Facility License

2026 2nd Quarter Report

For Bureau Use Only

License
Number

Receipt Number

Date Processed

Due on or before: July 31, 2026

Hydrolysis Facility Name: _____

Hydrolysis Facility License Number: HF _____

List the total number of hydrolysis performed from April 1, 2026 through June 30, 2026.

Number of hydrolysis performed	_____ x \$11.50 = _____
TOTAL DUE	\$ _____

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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Hydrolysis Facility License

2026 3rd Quarter Report

For Bureau Use Only

License
Number

Receipt Number

Date Processed

Due on or before: October 31, 2026

Hydrolysis Facility Name: _____

Hydrolysis Facility License Number: HF _____

List the total number of hydrolysis performed from July 1, 2026 through September 30, 2026.

Number of hydrolysis performed	_____ x \$11.50 = _____
TOTAL DUE	\$ _____

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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Hydrolysis Facility License

2026 4th Quarter Report

For Bureau Use Only

License
Number

Receipt Number

Date Processed

Due on or before: January 31, 2027

Hydrolysis Facility Name: _____

Hydrolysis Facility License Number: HF _____

List the total number of hydrolysis performed from October 1, 2026 through December 31, 2026.

Number of hydrolysis performed	_____ x \$11.50 = _____
TOTAL DUE	\$ _____

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 click [here](#) for details