



Hydrolysis Facility License

2026 1st Quarter Report

<i>For Bureau Use Only</i>
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

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