



**REQUEST FOR APPROVAL TO SHARE CREMATORY MANAGER**

A crematory seeking Bureau approval to share a designated crematory manager to manage, supervise, and direct the business or profession of more than one facility must submit this signed application to the Bureau.

Crematories shall submit this signed application to the Bureau by email to [emailcfb@dca.ca.gov](mailto:emailcfb@dca.ca.gov) or by mail to the address above.

<b>SECTION A: CREMATORY INFORMATION</b>				
Name of Crematory (CR)			License Number	
Address of CR		City	State	Zip Code
Mailing Address (Address of Record) provide if different from above		City	State	Zip Code
Telephone Number of CR			Miles from Main Office	
Primary Contact Name (First, Last)		Telephone Number	Email address (optional)	
<b>SECTION B: CREMATORY MANAGER INFORMATION</b>				
Name of Crematory Manager		License Number	Date of Association	
<b>SECTION C: REQUEST FOR APPROVAL TO SHARE CREMATORY MANAGER</b>				
<small>(Per CCR section 2326.6, the crematory must be under common ownership and within 60 miles from the main office designated below.)</small>				
Name of Crematory Designated as Main Office			License Number	
Address of Crematory		City	State	Zip Code
Request for approval to share the crematory manager in Section B of this form at the following crematories:	License Number		License Number	
	License Number		License Number	
<b>SECTION D: CERTIFICATION OF CREMATORY MANAGER</b>				
I hereby certify, under penalty of perjury, under the laws of the State of California, that all statements, answers, and representations on this form, are true, complete, and accurate.				
I understand that pursuant to Business and Professions Code section 7713(b), I am responsible for exercising direct supervision and control over the operations, employees, and agents of each crematory I am the designated crematory manager of to ensure full compliance with all applicable laws and regulations.				
Signature of Crematory Manager		Print Name	Date	

**SECTION E: CERTIFICATION OF AUTHORIZED REPRESENTATIVE**

I hereby certify, under penalty of perjury, under the laws of the State of California, that all statements, answers, and representations on this form, and, all attachments, are true complete, and accurate, and that I am authorized to complete this form on behalf of the crematory.

I am authorized as the:

**Individual Licensed Owner**     **Partner**     **Corporate Officer**

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**INFORMATION COLLECTION AND ACCESS** Except for the email address, the information requested herein is mandatory and is maintained by the Cemetery and Funeral Bureau (Bureau) 1625 North Market Blvd., Suite S208 Sacramento, CA 95834, (916) 574-7870, in accordance with Business and Professions Code (BPC) sections 7600 et seq. The Bureau collects the personal information requested on this form as authorized by BPC sections 27 and 7713. The Bureau uses this information to identify and evaluate applicants for licensure, issue and renew licenses, and enforce licensing standards set by law and regulation.

Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure by the Information Practices Act, including Civil Code section 1798.40. The Bureau makes every effort to protect the personal information you provide us; however, it may be disclosed in response to a Public Records Act request as allowed by the Information Practices Act, to another government agency as required by state or federal law or Civil Code section 1798.24; or in response to a court or administrative order, a subpoena, or a search warrant. Failure to provide all of the information required by this application may result in your application being returned to you as incomplete.