



FUNERAL ESTABLISHMENT NOTIFICATION OF CHANGE

<input type="checkbox"/> Change of Managing Funeral Director \$50.00 Fee (Complete Sections A, B and F and, if applicable, Section C)	<input type="checkbox"/> Change of, or adding Corporate Officers \$50.00 Fee (Complete Sections A, D, F and attach Affidavit(s))
<input type="checkbox"/> Change of, or adding, Preneed Trustees \$50.00 Fee (Complete Sections A, E, F and attach Affidavit(s))	

SECTION A: ESTABLISHMENT INFORMATION

Funeral Establishment Name		License Number FD	Expiration Date	
Address		City	State CA	Zip Code
Contact Person for this application	Telephone Number		Email Address (Not required)	

SECTION B: CHANGE OF MANAGING FUNERAL DIRECTOR

Name of Previous Managing Funeral Director		License Number FDR	Date of Disassociation	
Name of Current Managing Funeral Director		License Number FDR	Expiration Date	Date of Association

Is this Funeral Director Designated as Manager at any other Establishment? No Proceed to Section F, if Yes Complete Section C

SECTION C: APPROVAL TO SHARE MANAGING FUNERAL DIRECTOR
 (If applicable, establishments must be under common ownership and within 60 miles of the main office)

Name of Establishment Designated as Main Office		FD License Number	Miles From FD In Section A	
Address of Main Office		City	State CA	Zip Code

LIST ALL ADDITIONAL FUNERAL ESTABLISHMENTS MANAGED

License Number FD	License Number FD	License Number FD	License Number FD	License Number FD	License Number FD
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SECTION D: CHANGE IN CORPORATE OFFICER(S) (Please note, CCR Section 1213 (b) states in part; any transfer, in a single transaction or in a related series of transactions, of more than fifty percent (50%) of the equitable interest in the ownership of a licensed funeral establishment shall constitute a change of ownership and shall require assignment of the funeral establishment license)

CORPORATE OFFICER(S) TO BE DISSOCIATED FROM THIS ESTABLISHMENT

Title	Last Name	First	Date of Disassociation

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Date Cashiered		Amount Cashiered		ATS ID Number		Receipt Number	
Affidavit's Received	Common Ownership Checked	Within 60 Miles	Application Approved	Relate License (If applicable)	New Establishment License Ordered (If applicable)	Duplicate Manager License Ordered (If required)	

SECTION D: CONTINUED

CORPORATE OFFICER(S) TO BE ASSOCIATED TO THIS ESTABLISHMENT

Title	Last Name	First	Date of Association

ALL OFFICERS ARE REQUIRED TO SUBMIT A CERTIFICATION AFFIDAVIT WITH THIS APPLICATION

SECTION E: CHANGE IN PRENEED TRUSTEE(S)

PRENEED TRUSTEES TO BE DISASSOCIATED FROM THIS ESTABLISHMENT

Last Name	First	Date of Disassociation

PRENEED TRUSTEES TO BE ASSOCIATED TO THIS ESTABLISHMENT (Only one Trustee can be an employee or officer of the Funeral Establishment)

Last Name	First	Date of Association

ALL TRUSTEES ARE REQUIRED TO SUBMIT A CERTIFICATION AFFIDAVIT WITH THIS APPLICATION

SECTION F: APPLICANT CERTIFICATION

(Must be signed by the owner, if a sole proprietorship; a partner, if a partnership; or a corporate officer, if a corporation, this application **may not** be signed by the designated managing funeral director.)

I certify under penalty of perjury under the laws of the State of California that there has been no transfer, in a single transaction or in a related series of transactions of more than 50% of equitable interest in the ownership of this licensed funeral establishment and that all statements furnished in connection with this application are true and accurate. (If an equitable change has taken place, stop and contact the Bureau at (916) 574-7874.)

Signature	Print Name
Title	Date

CEMETERY AND FUNERAL BUREAU

1625 North Market Blvd., Suite S-208, Sacramento, CA 95834

P (916) 574-7870 | F (916) 928-7988 | www.cfb.ca.gov



CERTIFICATION AFFIDAVIT

I AM COMPLETING THIS AFFIDAVIT AS A:				
<input type="checkbox"/> SOLE OWNER <input type="checkbox"/> PARTNER <input type="checkbox"/> CORPORATE OFFICER <input type="checkbox"/> LIMITED LIABILITY COMPANY MEMBER <input type="checkbox"/> TRUSTEE				
NAME OF FUNERAL ESTABLISHMENT, CEMETERY, CREMATORY, CORPORATION, OR LIMITED LIABILITY COMPANY				
PHONE NUMBER		FAX NUMBER		LICENSE NUMBER OF FD, COA, OR CR (If applicable)
LAST NAME		FIRST NAME		MIDDLE INITIAL
ADDRESS		CITY		STATE ZIP CODE
DATE OF BIRTH		SOCIAL SECURITY NUMBER		TITLE (If applicable)
Have you previously submitted Live Scan Service to the Cemetery and Funeral Bureau? If yes, explain for what purpose: _____ If no, submit a copy of your Request for Live Scan Service form verifying that fingerprints have been scanned and all applicable fees have been paid along with this application.				<input type="checkbox"/> YES <input type="checkbox"/> NO
Business and Professions Code section 135.4 provides that the Cemetery and Funeral Bureau must expedite, and may assist, the initial licensure process for certain applicants described below. Do any of the following statements apply to you: <ul style="list-style-type: none"> • You were admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code; • You were granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to section 1158 of title 8 of the United States Code; or, • You have a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government. If you selected YES, you must attach evidence of your status as a refugee, asylee, or special immigrant visa holder. Failure to do so may result in application review delays.				<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever had any professional or vocational license or registration denied, suspended, revoked, placed on probation or other disciplinary action taken by this or any other governmental authority in the United States, its territories, or a foreign country? If yes, please attach an explanation that includes license type, action, company name (if applicable), year of action, and state, territory, or country.				<input type="checkbox"/> YES <input type="checkbox"/> NO
CERTIFICATION OF APPLICANT				
I certify under penalty of perjury, under the laws of the State of California that all information provided on this form is true and correct.				
SIGNATURE _____			DATE _____	
<small>Note: Section 30 of the Business and Professions Code and Public Law 94-455 (42 U.S.C.A. 405 (c)(2)(c)) authorizes the collection of your Social Security Number (SSN). The disclosure of your SSN is mandatory. The information will be used exclusively for tax enforcement purposes and for purposes of compliance with section 11350.6 of the Welfare and Institutions Code. If you fail to disclose your SSN, you will be reported to the Franchise Tax Board, which may assess a \$100.00 penalty against you. Questions regarding this requirement must be directed to the Franchise Tax Board: Southern California (800) 852-7050, Northern California (800) 852-5711, or Sacramento (916) 369-0500.</small>				
<small>Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the Bureau. You are obligated to pay your state tax obligation and your license may be suspended if the state tax obligation is not paid per Business and Professions Code section 31(e).</small>				
FOR BUREAU USE ONLY				
FINGERPRINTS ON FILE	LIVE SCAN RESULTS RECEIVED	APPROVED BY	ENFORCEMENT APPROVAL	DATE

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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. 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.