Rev. 04/2009

COMMONWEALTH OF VIRGINIA
Board of Funeral Directors and Embalmers

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Richmond, Virginia 23233-1463

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804-367-4479

Crematory Registration Application

Application fee is $200.00 check or money order made payable to the Treasurer of Virginia.
ALL FEES ARE NON-REFUNDABLE. At least 30 days prior to opening a crematory, any person intending to own or operate a crematory shall apply for registration with the Board of Funeral Directors and Embalmers. A crematory providing cremation services directly to the public shall also be licensed as a funeral service establishment or be a branch of a Virginia licensed establishment.

1. INFORMATION (Please Print or Type) Provide Legal Name

Business Name and Trade Name			
Location Address	City	State	Zip Code
Manager's Name and CANA or ICCFA Certification Number*	**Has Manager had OSHA training?** **Yes** _____ **No** _____		
Owner's Name	**Owner's Contact Phone No.**		
IF ALSO LICENSED AS A FUNERAL ESTABLISHMENT COMPLETE BELOW			
Establishment or Branch Name & Address	City	State	ZIP Code
Establishment or Branch License No.	Business Phone No.	E-mail Address	
Manager's Name and License Number	**Manager Contact Phone No.**		

Submit address changes in writing immediately. Applications will not be processed and will be returned without the required fee. Applications will remain in process no longer than **one (1) year**. If, at the end of one (1) year, a license/certification is not issued, the application file is **destroyed**. An applicant shall reapply for licensure, submit fees, required documentation, and meet the qualifications for licensure/certification in effect at the time of the new application.

	YES	NO
2. Will this business arrange and/or conduct funerals?	____	____
3. Will this business offer to or provide the care or preparation including embalming, of dead human bodies?	____	____
4. Will this business sell or provide funeral related goods and services?	____	____
5. Will this business offer services to the public?	____	____

*Certification by the Cremation Association of North America (CANA) or the International Cemetery, Cremation and Funeral Association (ICCFA) required for manager of record. **Please attach a copy of your Certification.**

QUESTIONS MUST BE ANSWERED. If any of the following questions (**6-10**) is answered **yes**, explain and substantiate with documentation. Letters must be submitted by your attorney regarding malpractice suits.

		YES	NO
6.	Have you ever been denied a funeral service license? If **yes**, submit notices, orders, etc., from the regulatory authority authorized to take such actions.	____	____
		YES	**NO**
7.	Have you ever been convicted of a violation of /or pled Nolo Contendere to any federal, state or local statute, regulation, or ordinance, or entered into any plea bargaining relating to a felony or misdemeanor? **Including** convictions for driving under the influence; excluding traffic violations. Attach your state criminal history record, a certified copy of any final order, decree, or case decision by a court or regulatory agency with lawful authority to issue such order, decree, or case decision, and any other information you wish to be considered with your application (i.e. information on the status of incarceration, parole, or probation, reference letters documentation of rehabilitation, etc.). Include an explanation surrounding the incident.	____	____
8.	Have you ever had any of the following disciplinary actions taken against your license to practice funeral services or any such actions pending? (a) suspension / revocation (b) probation (c) reprimand/cease and desist (d) had your practice monitored (e) monetary penalty? If **yes**, submit notices, orders, etc., from the regulatory authority authorized to take such actions.	____	____
9.	Have you been physically or emotionally dependent upon the use of alcohol/ drugs or treated by, consulted with, or been under the care of a professional for any substance abuse within the last two years? If **yes**, please provide a letter from the treating professional, on letterhead, to include diagnosis, treatment, prognosis and fitness to practice.	____	____
10.	Do you have a physical disease, mental disorder, or any condition, which could affect your performance of professional duties? If **yes**, please provide a letter from the treating professional, on letterhead, to include diagnosis, treatment, prognosis and fitness to practice.	____	____

11. AFFIDAVIT OF APPLICANT (THIS SECTION MUST BE NOTARIZED)

I hereby authorize all hospitals, institutions, or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state, federal, or foreign) to release to the Virginia Board of Funeral Directors and Embalmers, files, or records requested by the Board in connection with the processing of my application. I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension, or revocation of my registration/license to practice in the Commonwealth of Virginia. I have read and understand the Virginia Board of Funeral Directors and Embalmers statutes and regulations.

_____

Signature of Applicant

City/County of _____ State of _____

Subscribed and sworn to before me this _____ day of _____ 20_____.

My Commission expires _____. _____

Signature of Notary Public

NOTARY SEAL

APPLICANTS DO NOT USE SPACES BELOW THIS LINE – FOR OFFICE USE ONLY

APPROVED BY_____

LICENSE NUMBER	PENDING NUMBER	FEE