



CANNON BUILDING
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DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF FUNERAL SERVICES

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FUNERAL ESTABLISHMENT QUESTIONNAIRE

INSTRUCTIONS

The purpose of this questionnaire is to gather information about embalming, crematory, and refrigeration used by Delaware-licensed Funeral Establishments. This information is required due to change in law in November 2015.

- Complete and sign the form.
- Mail or fax the form to the Board office at the address above. Note the following:
 - The Board office must receive and review this form before it renews the establishment's license.
 - Submit the form in advance of the August 31 expiration date to allow the Board office enough time to process it before the license expires.
 - ***This questionnaire is NOT a renewal application. In addition to submitting this form, you must complete the online renewal application for the establishment.*** Follow the instructions on the *Official Renewal Notice* to submit the online renewal application.

1. Establishment Name (as it appears on Delaware license): _____

2. Delaware License Number: **K2** - _____

3. **Location Address:** _____
Street (No PO Boxes)
_____ Delaware _____
City State Zip

4. Enter the following information about the **Owner** of this Funeral Establishment:

Name: _____ Is the owner a corporation? Yes No

Mailing Address: _____
Street
_____ City State Zip

5. Does the owner named above own any other Funeral Establishment(s) in Delaware? Yes No If yes, enter the following information about each location. If there are other locations, complete a separate sheet.

ESTABLISHMENT NAME	LOCATION ADDRESS	DELAWARE LICENSE	DOES THIS LOCATION HAVE AN EMBALMING AREA?
		K2 - _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
		K2 - _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
		K2 - _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
		K2 - _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
		K2 - _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
		K2 - _____	Yes <input type="checkbox"/> No <input type="checkbox"/>

6. If the establishment owner (Question 4) is a corporation, complete the following:

State of Incorporation

Names and Titles of Corporate Officers

7. Does this location have an embalming area? Yes No If no, where is embalming performed?

Location Address: _____
Street (No PO Boxes)

_____ City State Zip

8. Does the building contain a locked refrigeration room? Yes No If yes, describe the location: _____

9. Does the building contain a crematory as part of the funeral home operations (Section 13.2.13 of the Board's [Rules and Regulations](#))? Yes No

• If yes, describe the location of the crematory: _____

• If no, SKIP the **CREMATORY OPERATIONS INFORMATION** section.

CREMATORY OPERATIONS INFORMATION

10. A certified crematory operator must be on the premises during the cremation process (Section 13.2.14 of the [Rules and Regulations](#)). Do you understand and agree to comply with this rule? Yes No List the certified operators at this establishment. If you need more room, enclose a separate sheet.

NAME	CERTIFICATION AUTHORITY	CERTIFICATE NUMBER	EXPIRATION DATE
	CANA <input type="checkbox"/> ICCFA <input type="checkbox"/> Other: _____		
	CANA <input type="checkbox"/> ICCFA <input type="checkbox"/> Other: _____		
	CANA <input type="checkbox"/> ICCFA <input type="checkbox"/> Other: _____		
	CANA <input type="checkbox"/> ICCFA <input type="checkbox"/> Other: _____		

11. All persons assisting in crematory operations who were hired after May 11, 2018 must have at least a GED (Section 13.2.16 of the [Rules and Regulations](#)). Do you understand and agree to comply with this rule? Yes No

NAME	DATE HIRED

I certify that the information provided above is true to the best of my knowledge.

Printed Name of Funeral Director in Charge: _____

Signature of Funeral Director in Charge: _____ Date: _____

Mail or fax this questionnaire to the Board office at the address above.