

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: _____

Upload this questionnaire to your account in DELPROS with or before your renewal expiration date.