



## CHECKLIST AND INSTRUCTIONS FOR CREMATORY REGISTRATION APPLICATION

*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.*

- APPLICATION** – This application will not be considered until all sections have been completed. You may need to submit supporting documentation regarding your responses to the licensure questions. Please refer to the application for more information.
- FEE** – All fees are non-refundable. Make check or money order payable to the Treasurer of Virginia.  
Initial crematory registration with inspection is \$650.00 (\$250 registration fee & \$400 inspection fee)  
Change of Crematory Manager is \$100.00  
Change of Ownership with re-inspection is \$500.00  
Change of Tradename is \$100
- MANAGER OF RECORD CERTIFICATION** – Certification by the Cremation Association of North America (CANA), the International Cemetery, Cremation and Funeral Association (ICCF), or other certification approved by the Board is required for the Manager of Record. Please submit a copy of the certification.
- MANAGER OF RECORD OSHA-COMPLIANT TRAINING** – Please submit a copy of your crematory certification training certificate for Occupational Safety and Health Administration (OSHA) compliant training on universal precautions and bloodborne pathogens.
- CERTIFICATION FOR RETORT OPERATORS**– All persons who operate the retort in a crematory shall have certification by the Cremation Association of North America (CANA); the International Cemetery, Cremation and Funeral Association (ICCF); or other certification recognized by the Board. Persons receiving training toward certification to operate a retort shall be allowed to work under the supervision of an operator who holds certification for a period not to exceed six months. Please submit a copy of the documentation of certifications as listed above for persons listed on the application to operate the retort in the crematory.
- VIRGINIA STATE CORPORATION COMMISSION (SCC)**- All Corporations, Limited Liability Companies, and Limited Partnerships must register with the Virginia State Corporation Commission (SCC), including any trade/fictitious names, prior to applying for licensure with the Virginia Board of Funeral Directors and Embalmers. For additional information, please contact the SCC at (804) 371-9733. Attach documentation. General Partnerships must attach recording data or a certificate of partnership issued by the Virginia State Corporation Commission. Business entities that are trading under a fictitious name(s), which are not corporations, must attach a copy of the certificate filed with the clerk of the court in the locality where business will be conducted.



## CREMATORY REGISTRATION APPLICATION

**MARK ONLY ONE BOX:**

- Initial Crematory registration with inspection
- Change of Crematory Manager  
Previous Manager's Name: \_\_\_\_\_  
Change Effective Date (MM/DD/YY): \_\_\_\_\_
- Change of Ownerships with Re-inspection
- Change of Tradename

**ESTABLISHMENT INFORMATION**

OWNER'S FULL NAME			
ESTABLISHMENT NAME AND TRADE NAME			
ESTABLISHMENT MAILING ADDRESS	CITY	STATE	ZIP CODE
ESTABLISHMENT LOCATION ADDRESS	CITY	STATE	ZIP CODE
ESTABLISHMENT TELEPHONE NUMBER	ESTABLISHMENT EMAIL ADDRESS		

**CHECK ONE BOX:**

- CREMATORY IS OWNED BY A VIRGINIA LICENSED FUNERAL ESTABLISHMENT AND IS LOCATED ON THE SAME SITE
- CREMATORY IS **NOT** OWNED BY A VIRGINIA LICENSED FUNERAL ESTABLISHMENT AND OFFERS CREMATION TO FUNERAL ESTABLISHMENT ONLY
- CREMATORY IS OWNED BY A VIRGINIA LICENSED FUNERAL ESTABLISHMENT AND IS **NOT** LOCATED ON THE SAME SITE AND IS OFFERING FUNERAL SERVICES TO THE PUBLIC. **NOTE:** CREMATORY MUST ALSO BE LICENSED AS A FUNERAL SERVICE ESTABLISHMENT OR BE A BRANCH OF A VIRGINIA LICENSED ESTABLISHMENT. IN ADDITION TO CREMATORY REGISTRATION APPLICATION, A FUNERAL SERVICE ESTABLISHMENT APPLICATION MUST ALSO BE SUBMITTED.

**TYPE OF BUSINESS (Select only one)**

<input type="checkbox"/> SOLE PROPRIETORSHIP	<input type="checkbox"/> LIMITED PARTNERSHIP*	<input type="checkbox"/> GENERAL PARTNERSHIP**
<input type="checkbox"/> CORPORATION*	<input type="checkbox"/> LIMITED LIABILITY COMPANY*	<input type="checkbox"/> OTHER _____
Federal Employee Identification Number (FEIN) _____ - _____		

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

APPROVED BY \_\_\_\_\_

LICENSE NUMBER	PENDING NUMBER	BASE STATE	RECEIPT NUMBER
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**IF ALSO LICENSED AS A FUNERAL ESTABLISHMENT, COMPLETE THE BELOW SECTION**

ESTABLISHMENT OR BRANCH NAME		ESTABLISHMENT OR BRANCH LICENSE NUMBER	
ESTABLISHMENT OR BRANCH STREET ADDRESS		CITY	STATE ZIP CODE
FACILITY EMAIL ADDRESS		ESTABLISHMENT OR BRANCH PHONE NUMBER	
ESTABLISHMENT MANAGER'S NAME		MANAGER'S LICENSE NUMBER	
MANAGER'S EMAIL ADDRESS		MANAGER'S PHONE NUMBER	
MANAGER'S SIGNATURE			

**CREMATORY MANAGER'S INFORMATION**

MANAGER'S FIRST NAME		MANAGER'S MIDDLE NAME		MANAGER'S LAST NAME	
MANAGER'S LICENSE NUMBER (IF APPLICABLE)			MANAGER PHONE NUMBER		
HAS MANAGER HAD CREMATORY CERTIFICATION TRAINING? <input type="checkbox"/> YES <input type="checkbox"/> NO			HAS MANAGER HAD OSHA BLOODBORNE PATHOGEN CERTIFICATION TRAINING? <input type="checkbox"/> YES <input type="checkbox"/> NO		
STREET ADDRESS			CITY	STATE	ZIP CODE
EMAIL ADDRESS					

**RETORT OPERATION** – List all persons who operate the retort in the crematory and attach documentation of their certification(s).

FIRST NAME	MIDDLE NAME	LAST NAME
FIRST NAME	MIDDLE NAME	LAST NAME
FIRST NAME	MIDDLE NAME	LAST NAME

**LICENSURE QUESTIONS**

Any supporting documentation related to the questions below should be submitted to:  
Virginia Board of Funeral Directors and Embalmers  
Perimeter Center  
9960 Mayland Drive, Suite 300  
Henrico, VA 23233

	YES	NO
1. Will this business offer or provide the care or preparation (including embalming) of dead human bodies?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will this business sell or provide funeral related goods and services, arrange and/or conduct funerals?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will this business offer services to the public?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has a facility that you owned ever been denied a funeral service license? If yes, submit notices, orders, etc. from the regulatory authority authorized to take such actions.	<input type="checkbox"/>	<input type="checkbox"/>
5. Has a facility that you owned ever had any of the following disciplinary actions taken against its license to practice funeral services or any such actions pending, including but not limited to: suspension/revocation; probation; reprimand/cease and desist; monitored; monetary penalty? If yes, submit notices, orders, etc., from the regulatory authority authorized to take such actions.	<input type="checkbox"/>	<input type="checkbox"/>

**AGREEMENT OF MANAGER OF RECORD**

I agree to serve as the Manager of Record at the establishment named herein and assume the duties and responsibilities incumbent to the role as specified in the Regulations of the Virginia Board of Funeral Directors and Embalmers. By signing my name below, I acknowledge that I have read and understand the responsibilities of the Manger of Record and agree to perform those duties.

\_\_\_\_\_  
Signature of Manager of Record

\_\_\_\_\_  
Date

**AFFIDAVIT OF OWNER**

I certify that I have carefully read the laws and regulations related to the Virginia Board of Funeral Directors and Embalmers, which are available at <http://www.dhp.virginia.gov/funeral> and I fully understand that funds submitted as part of the application process shall not be refunded.

I certify by my signature below: I am the person applying for licensure/certification/registration and meet the qualifications required by Virginia law and regulations. Further, I certify the information provided on this application has been personally provided and reviewed by me, and that statements made on the application are true and complete. I understanding that providing false or misleading information, as well as omitting information, in response to information required in this application or as part of the application process is considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing license/certificate/registration.

I agree to the above certification.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date