

ARIZONA STATE BOARD OF FUNERAL DIRECTORS AND EMBALMERS
1400 WEST WASHINGTON, SUITE 230, PHOENIX, ARIZONA 85007

No:
Date Issued:

**APPLICATION
FOR CREMATORY LICENSE**

THIS APPLICATION IS MADE BY: PROPRIETORSHIP __ PARTNERSHIP __ CORPORATION __

NAME OF CREMATORY _____

MAILING ADDRESS _____

PHYSICAL LOCATION _____

TELEPHONE _____ FAX _____

RESPONSIBLE CREMATIONIST _____

ADDRESS OF PRINCIPAL OFFICE _____

Name, address and telephone number of each person owning ten percent or more of the crematory. If a corporation, list the name, address and telephone number of each person owning ten percent or more of the capital units or shares in the corporation. Enclose Articles of Incorporation.

CORPORATIONS COMPLETE THE FOLLOWING:
Name, address and telephone number of statutory agent:

Name, address and telephone number of officers:

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RESPONSIBLE CREMATIONIST
AFFIDAVIT

Name _____ License No. _____

Address _____

Telephone number _____

I, _____ hereby affirm that I am the responsible
Cremationist. I am familiar with A.R.S. 32-1394.4 relating to crematory licensing. I
understand I am responsible for the crematory's compliance with the
aforementioned law and I hereby accept responsibility for the crematory for which
licensing is sought by this application and such crematory will be equipped,
operated and maintained in accordance with the provisions of the law.

Signature

Duly acknowledged, subscribed and sworn to before me this ___ day of ___ 20__.

Notary Public

AFFIRMATION OF OWNER

I, _____, am the _____
(Name) (Owner, partner, office title)
of _____
(Crematory, partnership, corporation)

On behalf of which I make this affirmation being hereunto duly authorized. I, or
the organization herein named is the owner of the crematory for which licensure is
sought by the foregoing application. I have read such application and know the
contents thereof, and the matters and things therein stated are true and correct.

Signature

Duly acknowledged, subscribed and sworn to before me this ___ day of ___ 20__.

Notary Public