

**GEORGIA STATE BOARD OF FUNERAL SERVICE**  
237 Coliseum Dr., Macon, GA 31217  
478.207.2440 / 866-888-8026 fax  
www.sos.ga.gov/plb/funeral

Date Entered	_____
Receipt #	_____
Submitted \$	_____
Date Issued	_____

**APPLICATION FOR**  
**CREMATORY ESTABLISHMENT LICENSE**  
*(for initial licensure, reinstatement of license,  
name and/or location change)*

**\*\*\* DO NOT SUBMIT THIS APPLICATION UNTIL  
THE FACILITY IS READY FOR INSPECTION \*\*\***

**I am applying for: (Check one)**

- New Establishment – Fee\* \$150.00**       **Reinstatement of License CREM\_\_\_\_\_ - Fee\* \$390.00**  
 **Change of Name – Fee\* \$150.00**       **Change of Location - Fee\* \$150.00**

***\*Application fees are non-refundable***

\_\_\_\_\_  
Establishment Name (if name change, show new name\*\*\*)      FEI # (Federal Employer's ID #)

\_\_\_\_\_  
Funeral Director in Full & Continuous Charge      FDFCC Lic. #      Embalmer Lic. #

\_\_\_\_\_  
Mailing Address: Street or PO Box, City, State, County, Zip

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Telephone      Fax      Website

\_\_\_\_\_  
Email address (required)

\_\_\_\_\_  
Physical Location Address: Street (PO Box is not acceptable) – *This information will appear on license and on board website.*

\_\_\_\_\_  
City, State, County, Zip

Date of last crematory inspection (if applicable): \_\_\_\_\_

***\*\*\*If submitting a name or location change, provide the following:***

Previous Establishment License #: \_\_\_\_\_

Previous Establishment Name: \_\_\_\_\_

Previous Establishment Address: \_\_\_\_\_

**GEORGIA STATE BOARD OF FUNERAL SERVICE  
APPLICATION FOR CREMATORY ESTABLISHMENT LICENSE**

**OWNERSHIP / RELATIONSHIP INFORMATION**

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**Complete this section if the business is a SOLE PROPRIETORSHIP**

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Owner Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Residence: \_\_\_\_\_  
Street (PO Box not allowed), City, State, Zip

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**Complete this section if the business is a CORPORATION or a LIMITED LIABILITY COMPANY (LLC)**

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Date registered with GEORGIA SECRETARY OF STATE: \_\_\_\_\_

Legal Business Name: \_\_\_\_\_

**PRINCIPAL OFFICERS (attach additional pages if necessary):**

\_\_\_\_\_  
Name Title Telephone

\_\_\_\_\_  
Residence: Street (PO Box not acceptable), City, State, Zip

\_\_\_\_\_  
Name Title Telephone

\_\_\_\_\_  
Residence: Street (PO Box not acceptable), City, State, Zip

\_\_\_\_\_  
Name Title Telephone

\_\_\_\_\_  
Residence: Street (PO Box not acceptable), City, State, Zip

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**Complete this section if the BUSINESS IS A PARTNERSHIP**

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**Partners (attach additional pages if necessary):**

\_\_\_\_\_  
Name Title Telephone

\_\_\_\_\_  
Residence: Street (PO Box not acceptable), City, State, Zip

\_\_\_\_\_  
Name Title Telephone

\_\_\_\_\_  
Residence: Street (PO Box not acceptable), City, State, Zip

**GEORGIA STATE BOARD OF FUNERAL SERVICE  
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**OWNERSHIP / RELATIONSHIP INFORMATION**

All Funeral Directors who own or are employed by the establishment or are otherwise connected with the establishment must be listed below: (attach additional pages if needed)

_____	FD _____	EMB _____
Name	Funeral Director License #	Embalmer License #
_____	FD _____	EMB _____
Name	Funeral Director License #	Embalmer License #
_____	FD _____	EMB _____
Name	Funeral Director License #	Embalmer License #
_____	FD _____	EMB _____
Name	Funeral Director License #	Embalmer License #

**CERTIFIED RETORT OPERATORS (all operators must be certified)**

Name: \_\_\_\_\_ Certification Date: \_\_\_\_\_

Name: \_\_\_\_\_ Certification Date: \_\_\_\_\_

Name: \_\_\_\_\_ Certification Date: \_\_\_\_\_

**BACKGROUND INFORMATION**

YES	NO	Have any of the owners, officers, corporate directors, or funeral directors of the establishment ever been convicted or sentenced for a felony, misdemeanor, DUI or DWI?
YES	NO	Have any of the owners, officers, corporate directors, or funeral directors of the establishment ever pled guilty, pled NOLO CONTENDERE, or been given First Offender status for a felony, misdemeanor, DUI or DWI?
YES	NO	Have any of the owners, officers, corporate directors, or funeral directors of the establishment ever had a disciplinary action imposed on them by a licensing authority in any state, including Georgia? <i>If "YES", attach a written explanation and include relevant documentation.</i>

Person responsible for completion of this application: \_\_\_\_\_  
 Relationship to applicant: \_\_\_Owner \_\_\_FDFCC \_\_\_Other: \_\_\_\_\_

*Under penalty of perjury, I swear or affirm that all answers to the foregoing questions and statements made in this application and attachments thereto are true and correct to the best of my knowledge.*

\_\_\_\_\_  
 Applicant signature

Sworn to and subscribed to me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
 Notary Public  
 My Commission Expires: \_\_\_\_\_

**NOTARY SEAL**

**GEORGIA STATE BOARD OF FUNERAL SERVICE  
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**Questionnaire for Funeral Director in Full & Continuous Charge**

- Are you a resident of Georgia?    Yes      No\*    *\*If no, you cannot be the FDFCC.*
- Name of establishment at which you will be FDFCC: \_\_\_\_\_
- Do you have other employment?    Yes      No
  - If "Yes", how many hours per week do you work at the other employment? \_\_\_\_\_
  - Distance between your other employment and the establishment at which you will be the FDFCC:  
Miles: \_\_\_\_\_ and Time (Hrs/Mins): \_\_\_\_\_
  - Distance between your residence and the establishment at which you will be the FDFCC?  
Miles: \_\_\_\_\_ and Time (Hrs/Mins): \_\_\_\_\_
- If a trade embalmer, approximately how many hours per week do you spend as a trade embalmer? \_\_\_\_\_

**EMPLOYMENT AFFIDAVIT (Check the one that is applicable to you)**

\_\_\_\_\_ **No Other Employment:** Under penalty of perjury, I hereby swear or affirm that I, the undersigned, am a resident of the State of Georgia, that I will not have other employment, that I will not accept other employment, unless I am approved by the Board to do so, and that I will, if approved, meet all the requirements of the Funeral Director in Full and Continuous Charge.

\_\_\_\_\_ **Other Employment:** Under penalty of perjury, I hereby swear or affirm that I, the undersigned, am a resident of the State of Georgia; that I will be the Funeral Director in Full and Continuous Charge of the establishment for which this application is being made; that I **will not be a full-time** employee of the establishment for which this application is being made, but I will have additional employment; that I will, if approved, be accessible or available to the establishment for which this application is being made and to the community, and that I will, if approved, meet all the requirements of the Funeral Director in Full and Continuous Charge.

**APPLICANT TO COMPLETE THIS SECTION:** Other Employer Name: \_\_\_\_\_

\_\_\_\_\_  
Supervisor Name

\_\_\_\_\_  
Other Employer Physical Address

\_\_\_\_\_ (initial) I do hereby authorize my Employer to provide information of the extent to which I would be permitted to leave the place of employment and go to the establishment, or any other site that demands my presence as a Funeral Director in the operation of and conduct of funeral business, as required by the Rules of the Georgia State Board of Funeral Service.

**EMPLOYER\* TO COMPLETE THIS SECTION –** (\*highest ranking person in the company, department or agency)

- Does your company have a leave policy?            Yes    No  
If yes, does the leave policy apply to this employee?    Yes    No  
Does this employee have permission to leave?            Yes    No

\_\_\_\_\_ (initial) I do hereby certify that the above statements accurately describe the extent to which the above-named employee is permitted to leave his/her employment to go to his/her establishment, or any other site that demands his/her presence as a Funeral Director, in the operation and conduct of the funeral business.

\_\_\_\_\_  
**Employer Signature (must be notarized)**

\_\_\_\_\_  
Employer Title

\_\_\_\_\_  
Date

Company, Department or Agency Name: \_\_\_\_\_

**FDFCC applicant signature (must be notarized):** \_\_\_\_\_ FDFCC License #: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

NOTARY SEAL

Notary Public: \_\_\_\_\_

My Commission expires: \_\_\_\_\_

**GEORGIA STATE BOARD OF FUNERAL SERVICE  
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Applicant Background Questionnaire

The following questions must be answered by the applicant. If "yes" is answered to any question, documentation/explanation must be provided, including certified documentation such as court dispositions, board disciplinary action reports, etc.

Applicant Name (printed): \_\_\_\_\_

Yes	No	Has any license issued to you by any board, agency, or licensing authority in any state, including Georgia, been revoked, suspended, or otherwise sanctioned?
Yes	No	Have you ever been denied issuance of, or pursuant to any disciplinary proceedings, been refused renewal of a license by any board, agency, or licensing authority in any state, including Georgia?
Yes	No	Have you knowingly failed to renew a license during an investigation or disciplinary action?
Yes	No	Have you been subject to disciplinary action or had your membership revoked by a professional organization governing the practice of that profession?
Yes	No	To the best of your knowledge, is there any disciplinary action pending against you by any licensing board or professional organization?
Yes	No	Have you ever been arrested, charged, convicted, or sentenced for any felony, misdemeanor, DUI, DWI, or any crime involving moral turpitude? If yes, attach a certified copy of the court disposition and a notarized statement on agency letterhead from the probation officer giving current status of probation.
Yes	No	Have you ever entered a plea of guilty or nolo contendere, or been given First Offender status for any felony, misdemeanor, DUI, DWI, or any crime involving moral turpitude? If yes, attach a certified copy of the court disposition and a notarized statement on agency letterhead from the probation officer giving current status of probation.
Yes	No	Are you <u>unable</u> to practice with reasonable skill and safety due to use of alcohol, drugs, narcotics, chemicals or any other types of material?
Yes	No	Are you <u>unable</u> to practice with reasonable skill and safety due to illness, or as a result of any mental or physical condition? If yes, attach a notarized physician's statement.
Yes	No	Have you had any suit filed against you related to the practice of a profession?

**AFFIDAVIT**

I hereby swear or affirm that the answers and information contained in this section of the application are true, complete, and correct. I understand that making a false or misleading statement on this form is a crime and may result in criminal prosecution and in my being denied a license from the Georgia State Board of Funeral Service. (See O.C.G.A. § 43-1-19, O.C.G.A. § 16-10-71.)

\_\_\_\_\_  
Applicant Signature

State of Georgia  
County of \_\_\_\_\_  
Subscribed and sworn before me this  
\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

**NOTARY SEAL**

**Georgia Bureau of Investigation  
Georgia Crime Information Center**

**CONSENT FORM**

I hereby authorize \_\_\_\_\_ to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

\_\_\_\_\_  
Full Name (Print)

\_\_\_\_\_  
Address, City, State, County, Zip

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

By signing this form, I acknowledge that I have been informed of the Non-Criminal Justice applicant's Privacy Rights and the Privacy Act Statement (title 28 United States Code § 534).

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
Date

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Special employment provisions (check if applicable):

Employment with mentally disabled (Purpose code "M")

Employment with elder care (Purpose code "N")

Employment with children (Purpose code "W")

**One of the following must be checked:**

This authorization is valid for 90 / 180 / \_\_\_\_ (circle one) days from date of signature.

I, \_\_\_\_\_, give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

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**ZONING CERTIFICATION**

**THIS IS TO CERTIFY THAT**

\_\_\_\_\_  
**Crematory Establishment Name**

\_\_\_\_\_  
**Street Address, City, State, , Zip**

\_\_\_\_\_  
**Owner(s)**

**Has met all zoning standard that are required to operate the proposed crematory establishment in the  
County / City of: \_\_\_\_\_.**

\_\_\_\_\_  
**SIGNATURE OF ZONING COMMISSIONER**

\_\_\_\_\_  
**PRINT NAME OF ZONING COMMISSIONER**

**SWORN TO AND SUBSCRIBED BEFORE ME THIS**

\_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
**NOTARY PUBLIC**

My Commission Expires \_\_\_\_\_

**NOTARY SEAL**