



**STATE OF NEW HAMPSHIRE
BOARD OF REGISTRATION OF FUNERAL DIRECTORS AND EMBALMERS**

7 Eagle Square
Concord, NH 03301
(603) 271-2152

APPLICATION FOR LICENSE TO OPERATE A CREMATORY
(Please Print or Type)

The application shall be submitted **prior to operation of a crematory**. Please be sure to complete the entire application and submit all required documentation. Failure to complete the application or submit the required documentation will result in a delay of approval. Mail or hand-deliver all required material to the address above.

THIS APPLICATION IS BEING SUBMITTED AS A RESULT OF:

- NEW CREMATORY CONSTRUCTION CHANGE IN CREMATORY OWNERSHIP

Date: _____

Name of Applicant: _____
(Last) (First) (Middle)

Mailing Address: _____
(Street Number) (City) (County) (State) (Zip)

Telephone #: _____ Email Address: _____

Name of Crematory: _____

Mailing Address: _____
(Street Number) (City) (County) (State) (Zip)

Name of Cemetery or Funeral Home (if applicable): _____

Ownership (If change of ownership has occurred):

- Type of ownership:
- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Association |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Other | |

If other, explain: _____

List the name and address of each person having an ownership interest (directly or indirectly) in the crematory:

List the names, titles and addresses of all partners, association officials or corporate officers (as applicable):

Operator(s):

List the name of each certified crematory operator(s) pursuant to RSA 325-A:4:

Documents to be submitted with this application:

- An unexpired certified crematory operator certificate for each crematory operator;
- A check or money order for the license fee of \$100 made payable to "TREASURER, STATE OF NH";
- A notarized Criminal Record Release Authorization Form (<http://www.nh.gov/safety/divisions/nhsp/ssb/crimrecords/documents/dssp256.pdf>) for each owner and operator(s); and
- A check made payable to "STATE OF NH-CRIMINAL RECORDS" for the cost of the criminal records check (\$25.00 per authorization form).

Signatures:

This application must be signed by:

The owner, if a private facility;

Two officers, if a corporation; or

At least one authorized individual, if any other entity.

Signature: _____

Date: _____

Signature: _____

Date: _____