



NORTH CAROLINA BOARD OF FUNERAL SERVICE

1033 WADE AVE., SUITE 108  
RALEIGH, NC 27605

PHONE (919) 733-9380  
FAX (919) 733-8271

**2023 CREMATORY LICENSEE RENEWAL APPLICATION**

INSTRUCTIONS

- 1) This application must be typed or printed legibly in ink, signed by the applicant, and notarized. Illegible applications will be returned to the applicant. Incomplete applications will be denied.
- 2) This application must be accompanied by a non-refundable fee of \$150.00. Pursuant to 21 NCAC 34A .0202 and N.C.G.S. 25-3-506, a fee of \$25.00 will be charged for returned checks.
- 3) Crematory Licensee permits expire on December 31, 2022. This application for renewal and fee for the 2023 permit are due on December 31, 2022. Renewal applications received after February 1, 2023 must include a \$75.00 late fee. Crematory Licensees may also be subject to additional disciplinary action if found to have conducted or offered to conduct any activities requiring a crematory licensee permit between January 1, 2023 and the date of the renewal.

1. Name of Crematory Licensee: \_\_\_\_\_

2. Physical Address of Crematory Licensee: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address of Crematory Licensee (if different than Physical Address): \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Name and Address of any affiliated Funeral Establishment(s), if applicable:

\_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Phone # of Crematory Licensee: \_\_\_\_\_ Fax # of Crematory Licensee: \_\_\_\_\_

4. E-mail Address of Crematory Licensee: \_\_\_\_\_

5. Ownership of Crematory Licensee (sole-proprietor, partnership, corporation, or LLC): \_\_\_\_\_

6. Name(s) of sole proprietor, partners, LLC members, or corporate officers (include position held): \_\_\_\_\_

\_\_\_\_\_

7. Have any changes been made to the crematory building since the last renewal? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide a description of the changes. \_\_\_\_\_

8. Have any changes been made to the following facilities and equipment since the last renewal?

a. Holding Facility Yes \_\_\_\_\_ No \_\_\_\_\_

b. Cremation Chamber Yes \_\_\_\_\_ No \_\_\_\_\_

c. Pulverization Equipment Yes \_\_\_\_\_ No \_\_\_\_\_

d. Refrigeration Units Yes \_\_\_\_\_ No \_\_\_\_\_

(PLEASE COMPLETE BOTH SIDES)

