



# CONNECT JOB AID

## Cemetery and Funeral Bureau

### Original Funeral Establishment Application Submission

#### SCREEN

#### ACTION

##### CFB User Dashboard

CFB Cemetery and Funeral Bureau

Welcome Profile | Sign Out

Link License

**Licenses**

License Type	License#	Issuance Date	Expiration Date
No records found.			

**Applications**

New Application

Application Type	License Type	Application#	Submitted Date	Business Name	Status	Action
No applications found.						

Showing 0 to 0 of 0 entries

**Links & Resources**

Name
Cemetery and Funeral Bureau

**Notifications**

Search Keyword

Subject	Date Sent
No records found.	

1. Locate CFB User Dashboard

##### Create a New Application

**Applications**

New Application

Application Type	License Type	Application#	Submitted Date	Business Name	Status	Action
No applications found.						

Showing 0 to 0 of 0 entries

**Application Type Selection**

Please select the application type from the drop down list below.

Application Business License

License Type Original Funeral Establishment (FD) License

Create Application Cancel

**Application Type Selection**

Please select the application type from the drop down list below.

Application Business License

License Type Original Funeral Establishment (FD) License

Create Application Cancel

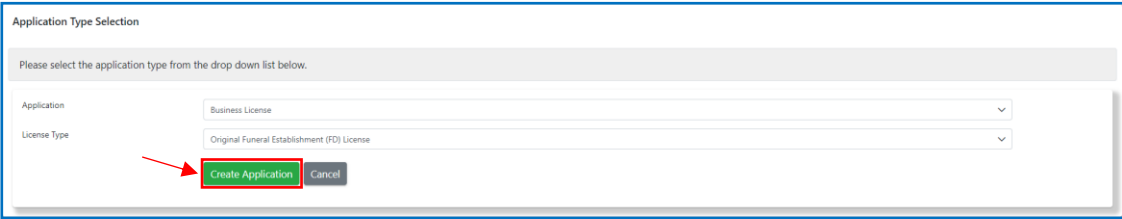
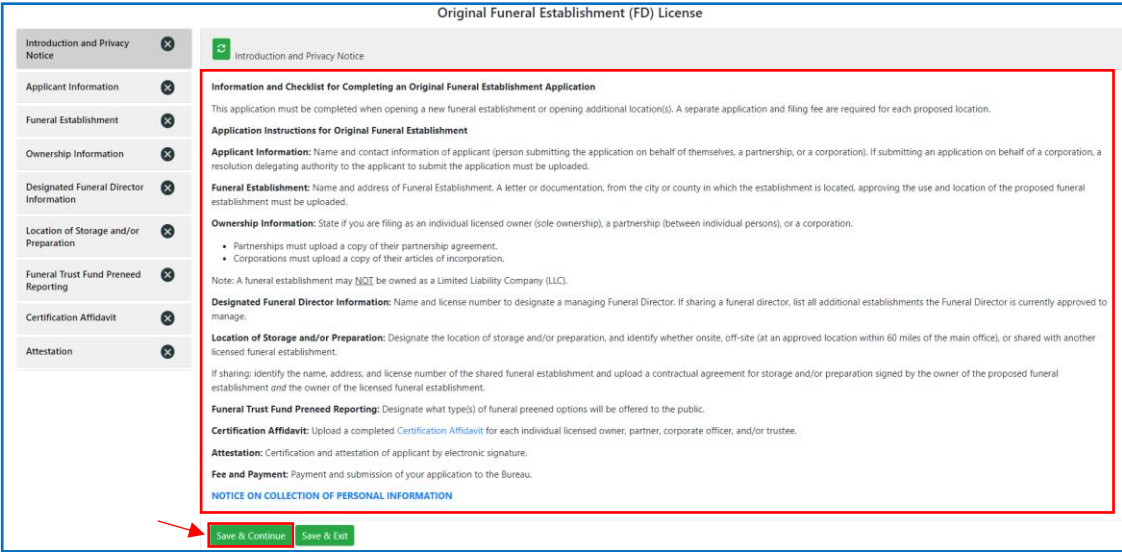
2. Click the **New Application** button on the top right of the Applications pane
3. Click the Application dropdown and select **Business License**
4. Click the License Type dropdown and select **Original Funeral Establishment (FD) License**



# CONNECT JOB AID

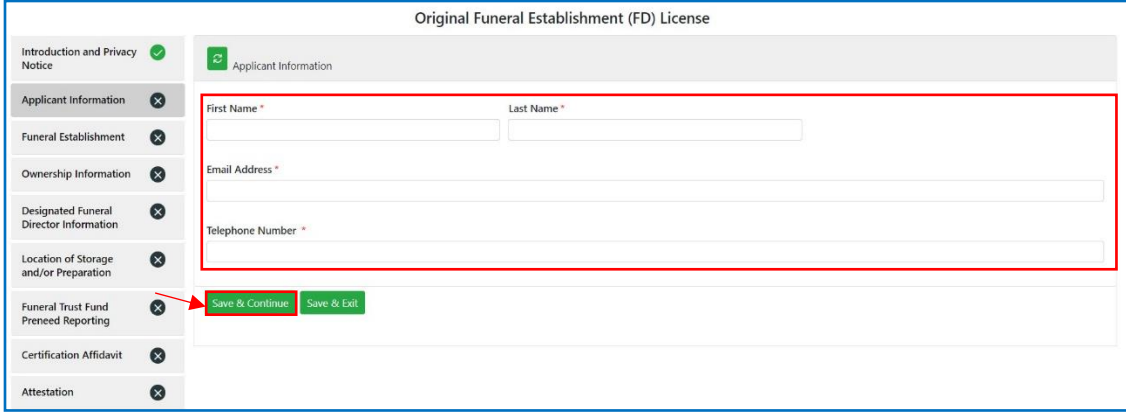
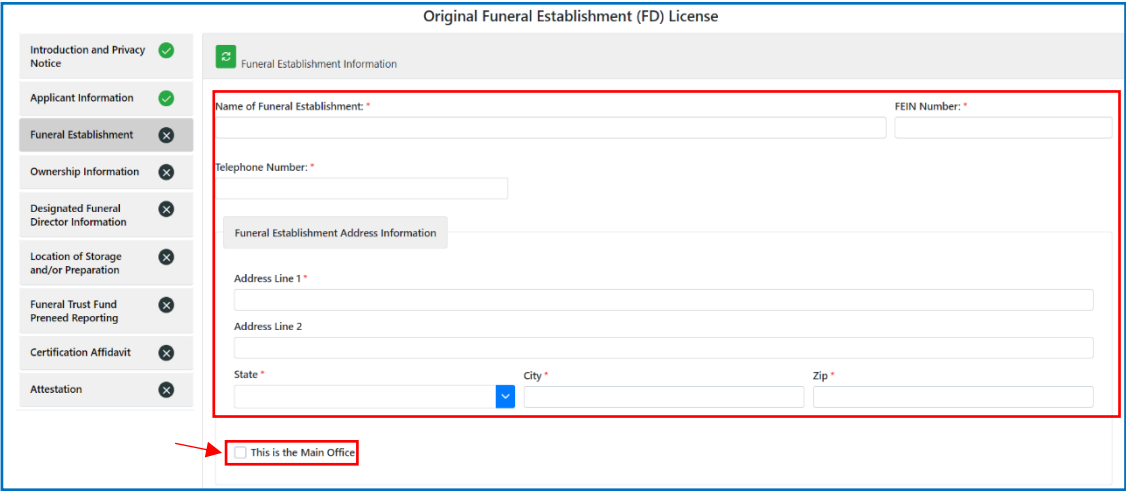
## Cemetery and Funeral Bureau

### Original Funeral Establishment Application Submission

SCREEN	ACTION
	5. With the application selected, click the green <b>Create Application</b> button
<p><b><u>Introduction Tab</u></b></p> 	<p>6. Read the <b>Introduction and Privacy Notice</b></p> <p>7. Click the green <b>Save &amp; Continue</b> button</p>



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SCREEN	ACTION
<p><b><u>Applicant Information Tab</u></b></p> 	<p>8. Complete all required <b>Applicant Information</b> fields</p> <p><i>*Note: All required fields have a red asterisk</i></p> <p>9. Click the green <b>Save &amp; Continue</b> button</p>
<p><b><u>Funeral Establishment Tab</u></b></p> 	<p>10. Complete all required <b>Funeral Establishment Information</b> fields</p> <p><i>*Note: All required fields have a red asterisk</i></p> <p>11. If applicable, select <b>This is the Main Office</b> checkbox</p>



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### Original Funeral Establishment Application Submission

#### SCREEN

Mailing Address

☐ Same as Funeral Establishment Address.

Address Line 1 \*

Address Line 2

State \* City \* Zip \*

Main Office Address

Address Line 1 \*

Address Line 2

State \* City \* Zip \*

Proof of Zoning

Upload a letter or documentation from the city or county in which the establishment is located approving the use and location of the proposed funeral establishment. \*

To add new files for upload, please click "Browse", or click-and-drag files into this area

Type	File Name	Actions
<input type="button" value="Click here to Upload"/>		<input type="button" value="Clear"/>

Uploaded Files

Type	File Name	Actions
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#### ACTION

12. Complete all required **Mailing Address** and **Main Office Address** fields

*\*Note: All required fields have a red asterisk*

13. If applicable, select **Same as Funeral Establishment Address** checkbox

14. Click **+ Browse New Files** to browse for applicable documentation

15. Upload all required **Proof of Zoning** documentation by selecting **Click Here to Upload**

*\*Note: **Click Here to Upload** must be selected in order to proceed*

16. Click the green **Save & Continue** button



# CONNECT JOB AID

## Cemetery and Funeral Bureau

### Original Funeral Establishment Application Submission

#### SCREEN

#### Ownership Information Tab

Original Funeral Establishment (FD) License

Introduction and Privacy Notice ☒

Applicant Information ☒

Funeral Establishment ☒

Ownership Information ☒

Designated Funeral Director Information ☒

Location of Storage and/or Preparation ☒

Funeral Trust Fund Preneed Reporting ☒

Certification Affidavit ☒

Attestation ☒

Ownership Information

Type of Ownership \*

☐ Individual Licensed Owner

☐ Partnership

☐ Corporation

Please provide information about the owner by pressing 'Add New' below:

Title	First Name	Last Name	Middle Initial	Email Address	Share of Ownership	Actions
-------	------------	-----------	----------------	---------------	--------------------	---------

#### ACTION

#### 17. Select Type of Ownership

\*Note: When selecting, additional information and/or uploading supporting documentation will be required

18. Select the **Add New** button to add the owner information and complete all required fields

Original Funeral Establishment (FD) License

Introduction and Privacy Notice ☒

Applicant Information ☒

Funeral Establishment ☒

Ownership Information ☒

Designated Funeral Director Information ☒

Location of Storage and/or Preparation ☒

Funeral Trust Fund Preneed Reporting ☒

Certification Affidavit ☒

Attestation ☒

Ownership Information

Type of Ownership \*

☒ Individual Licensed Owner

☐ Partnership

☐ Corporation

Upload a copy of the Partnership Agreement.

To add new files for upload, please click "browse", or click-and-drag files into this area

Type	File Name	Actions
------	-----------	---------

Uploaded Files

Type	File Name	Actions
------	-----------	---------

List all general partners along with the percentage of ownership.

Title	First Name	Last Name	Middle Initial	Email Address	Share of Ownership	Actions
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18-a. For **Individual Licensed Owner**, select the **Add New** button to add the **owner information** and complete all required fields

18-b. For **Partnership**, click **+ Browse New Files** to browse for applicable documentation and upload required **Partnership Agreement** by selecting **Click Here to Upload**. Next, select the **Add New** button to add **General Partners** and complete all required fields

Original Funeral Establishment (FD) License

Introduction and Privacy Notice ☒

Applicant Information ☒

Funeral Establishment ☒

Ownership Information ☒

Designated Funeral Director Information ☒

Location of Storage and/or Preparation ☒

Funeral Trust Fund Preneed Reporting ☒

Certification Affidavit ☒

Attestation ☒

Ownership Information

Type of Ownership \*

☒ Individual Licensed Owner

☐ Partnership

☐ Corporation

Upload a copy of the Partnership Agreement.

To add new files for upload, please click "browse", or click-and-drag files into this area

Type	File Name	Actions
------	-----------	---------

Uploaded Files

Type	File Name	Actions
------	-----------	---------

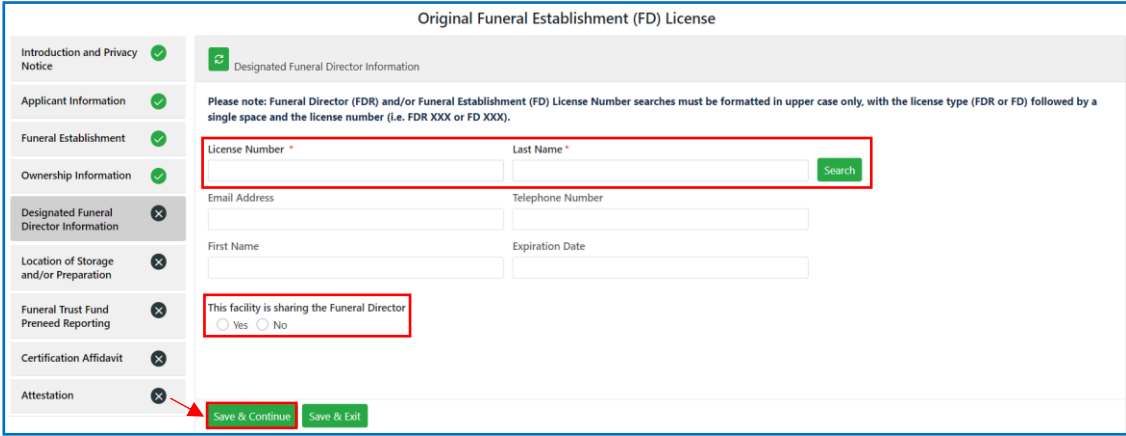
List all Corporate Officers. Officers must MATCH those filed with the California Secretary of State.

Title	First Name	Last Name	Middle Initial	Email Address	Share of Ownership	Actions
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18-c. For **Corporation**, complete all required fields, and optional fields as applicable. Then click **+ Browse New Files** to browse for applicable



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SCREEN	ACTION
	<p>documentation and upload required</p> <p><b>Articles of Incorporation and Corporate Resolution</b> documentation by selecting <b>Click Here to Upload</b>. Next, select the <b>Add New</b> button to add all <b>Corporate Officers</b> and complete all required fields</p> <p><i>*Note: All required fields have a red asterisk</i></p> <p>19. Click the green <b>Save &amp; Continue</b> button</p>
<p><b><u>Designated Funeral Director Information Tab</u></b></p> 	<p>20. Complete required <b>License Number</b> and <b>Last Name</b> fields</p> <p>21. Click the <b>Search</b> button to populate the remaining information</p> <p>22. Provide a "Yes" or "No" response to the statement <b>This facility is sharing the Funeral Director</b></p> <p><i>*Note: If <b>Yes</b> is selected, click <b>Add New</b>, enter <b>Funeral Establishment License Number</b>, click the <b>Search</b> button, and click the <b>Save</b> button</i></p> <p>23. Click the green <b>Save &amp; Continue</b> button</p>



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## Cemetery and Funeral Bureau

### Original Funeral Establishment Application Submission

#### SCREEN

#### Location of Storage and/or Preparation Tab

Original Funeral Establishment (FD) License

Introduction and Privacy Notice ☒

Applicant Information ☒

Funeral Establishment ☒

Ownership Information ☒

Designated Funeral Director Information ☒

Location of Storage and/or Preparation ☒

Funeral Trust Fund Preneed Reporting ☒

Certification Affidavit ☒

Attestation ☒

Location of Storage and/or Preparation

Storage Location Question

The storage location is: \*

☐ On-site ☐ Off-site ☐ Shared

Is embalming offered as a service? \*

☐ Yes ☐ No

Save & Continue Save & Exit

#### ACTION

#### 24. Answer the **Storage Location Question**

\*Note: When answering **Off-site**, additional **Storage Location** information is required. When answering **Shared**, additional **Storage Location** information is required. Click on the "Add New" button, complete required **Funeral Establishment License Number** field and click the **Search** button to populate the remaining fields, then hit the **Save** button. Complete the **Miles from Main Office** field.

\* Note: If shared storage location is NOT under **common ownership**, click **+ Browse New Files** to browse for applicable documentation and upload required **Contractual Agreement** documentation by selecting **Click Here to Upload**.

Original Funeral Establishment (FD) License

Introduction and Privacy Notice ☒

Applicant Information ☒

Funeral Establishment ☒

Ownership Information ☒

Designated Funeral Director Information ☒

Location of Storage and/or Preparation ☒

Funeral Trust Fund Preneed Reporting ☒

Certification Affidavit ☒

Attestation ☒

Location of Storage and/or Preparation

Storage Location Question

The storage location is: \*

☒ On-site ☐ Off-site ☐ Shared

Is embalming offered as a service? \*

☒ Yes ☐ No

Preparation Location Question

The preparation location is: \*

☐ On-site ☐ Off-site ☐ Shared

Save & Continue Save & Exit

#### 25. Answer the **Embalming question**

\*Note: When answering **Yes**, answer the additional **Preparation Location Question** and follow the "On-site", "Off-site", or "Shared" instructions similarly to step 24, as applicable.

#### 26. Click the green **Save & Continue** button



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#### Funeral Trust Fund Preneed Reporting Tab

Original Funeral Establishment (FD) License

Funeral Trust Fund Preneed Reporting

Funeral Establishment has: \*

- ☐ No Preneed Trust Accounts
- ☐ Non-reportable Preneed Trust Accounts
- ☐ Reportable Preneed Trust Accounts-Individual Trustees
- ☐ Reportable Preneed Trust Accounts - Corporate Trustees

Save & Continue Save & Exit

Original Funeral Establishment (FD) License

Funeral Trust Fund Preneed Reporting

Funeral Establishment has: \*

- ☐ No Preneed Trust Accounts
- ☐ Non-reportable Preneed Trust Accounts
- ☒ Reportable Preneed Trust Accounts-Individual Trustees
- ☐ Reportable Preneed Trust Accounts - Corporate Trustees

Trustees Information

Applicant will need to upload a certification affidavit for each trustee. This require a minimum of 3. Only one can be an employee or officer of the funeral establishment.

Add New

Trustee Last Name	Trustee First Name	Trustee Middle Name	Trustee Phone	Trustee Email	Action
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Save & Continue Save & Exit

Original Funeral Establishment (FD) License

Funeral Trust Fund Preneed Reporting

Funeral Establishment has: \*

- ☐ No Preneed Trust Accounts
- ☐ Non-reportable Preneed Trust Accounts
- ☐ Reportable Preneed Trust Accounts-Individual Trustees
- ☒ Reportable Preneed Trust Accounts - Corporate Trustees

Trustees Information

Add New

Corporation Name	Trustee Phone	Trustee Email	Action
------------------	---------------	---------------	--------

Save & Continue Save & Exit

#### ACTION

27. Complete the **Funeral Trust Fund Preneed Reporting** statement

\*Note: When selecting **Reportable Preneed Trust Accounts-Individual Trustees** or **Reportable Preneed Trust Accounts - Corporate Trustees**, complete the required fields under **Trustees Information** by clicking on the **Add New** button and/or completing the required fields

28. Click the green **Save & Continue** button





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#### SCREEN

#### ACTION

##### Certification Affidavit Tab

Original Funeral Establishment (FD) License

Introduction and Privacy Notice ☒

Applicant Information ☒

Funeral Establishment ☒ **+ Browse New Files**

Ownership Information ☒

Designated Funeral Director Information ☒

Location of Storage and/or Preparation ☒ **Click here to Upload**

Funeral Trust Fund Preneed Reporting ☒

Certification Affidavit ☒

Attestation ☒ **Save & Continue** **Save & Exit**

**Certification Affidavit**

A **Certification Affidavit** is required for each Sole Owner, Partner, Corporate Officer, and/or Trustee.

To add new files for upload, please click "Browse", or click-and-drag files into this area

Type	File Name	Actions
------	-----------	---------

Uploaded Files

Type	File Name	Actions
------	-----------	---------

29. Click **+ Browse New Files** to browse for applicable documentation

30. Upload all required **Certification Affidavit** documentation by selecting **Click Here to Upload**

\*Note: **Click Here to Upload** must be selected in order to proceed

31. Click the green **Save & Continue** button

##### Attestation Tab

Original Funeral Establishment (FD) License

Introduction and Privacy Notice ☒

Applicant Information ☒

Funeral Establishment ☒

Ownership Information ☒

Designated Funeral Director Information ☒

Location of Storage and/or Preparation ☒ **Save & Continue** **Save & Exit**

Funeral Trust Fund Preneed Reporting ☒

Certification Affidavit ☒

Attestation ☒

**Attestation**

The application must be signed by the person designated as the applicant in the "Application Information" tab.

☐ I certify under penalty of perjury under the laws of the State of California that all statements furnished in connection with this application are true and accurate. \*

Signature \*  Date \*

32. Check the box to *certify all information contained in the application is true and accurate*

33. Type your name in the **Signature** field

34. Click the green **Save & Continue** button



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SCREEN




Fee and Payment Tab

Credit Card

Billing Information Required Fields \*

☐ Copy Details From Application

Payment Information

Card Number: \*  First Name: \*

CVV: \*  Last Name: \*

Expiration Date: \* Month: \*  Year: \*  Street 1: \*

Street 2:

Country: \*

State/Province: \*

City: \*

Zip/Postal Code: \*

ACTION

35. Complete the required **Payment Information** fields
- \*Note: If the 'Billing Information' is the same as the 'Application', click on **Copy Details from Application** box*
36. Click the green **Pay and Submit** button