

Kansas State Board of Mortuary Arts
700 SW Jackson Street, Suite 904
Topeka, Kansas 66603-3733
Telephone: (785) 296-3980 Fax: (785) 296-0891
E-mail: boma1@ksbma.ks.gov
Web site: <http://www.Kansas.gov/ksbma/>

Initial Crematory License Application

Please complete the enclosed application. The undersigned hereby makes application to operate a crematory subject to the provisions of applicable Kansas Statutes and Regulations.

Name of Crematory _____

Street address _____

Mailing address (if different than street) _____

City _____ Zip _____ - _____ County _____

Telephone (____) _____ Fax (____) _____

E-Mail _____ Web site _____

Form of business (please check one)

Proprietorship _____ Partnership _____ Limited Partnership _____

Corporation _____ Limited Liability Company _____

Provide the name of the corporation, limited liability company, partnership or persons that will own this facility:

Please note that all limited partnerships, corporations and limited liability companies must be registered with the Kansas Secretary of State and Registrar of Deeds for the appropriate county.

List all Owners or Corporate Officers with their appropriate titles:

Any affiliation with a national corporation/company? Yes _____ No _____

If yes, list national corporation/company name:

Please list the date you will be ready to be inspected: _____

We will contact you to arrange a day and time for inspection.

(over)

Please list the Crematory Operator who will be in charge of this Crematory:

Name of the Crematory Operator in Charge of this Crematory	Crematory Operator License #	Licensed funeral director (yes/no)?	If yes, funeral director license #

Please list all other Crematory Operators to be employed at this facility:

Crematory Operator's Name	Crematory Operator License #	Licensed funeral director (yes/no)?	If so, funeral director license #

ALL FEES PAID ARE NON-REFUNDABLE

Signature of Crematory Operator in Charge
of this Crematory

County where signed

Printed name of Crematory Operator in Charge

Today's date

FOR OFFICE USE ONLY

Date Application Received: _____

Date of inspection: _____

License Number Issued: _____

Date License Issued: _____

Date License and Receipt Mailed: _____

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