Kansas State Board of Mortuary Arts 700 SW Jackson Street, Suite 904 Topeka, Kansas 66603-3733

Telephone: (785) 296-3980 Fax: (785) 296-0891

Office email: boma1@ks.gov Web site: http://ksbma.ks.gov

Crematory License Renewal Information

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 corpora that will own this facility:	ation, limited liability company, partnership or persons			
	s, corporations and limited liability companies must be registered I Registrar of Deeds for the appropriate county.			
List all Owners or Corporate Offi				
Any affiliation with a national cor	rporation/company? Yes No			
If yes, list national corporation/co	ompany name:			

Please list the Cremat	tory Operator in charge	e 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 Cr	ematory Operators en	nployed 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 OFFICI	E USE ONLY	
Date Application Receiv License Number Issued Date License Issued: _ Date License and Recei	ved: I:		

****Updated April 2018***