



# CREMATION AUTHORITY REGISTRATION / ANNUAL REPORT

State Form 50144 (R2 / 6-12)  
Pursuant to IC 23-14-31-22 and IC 23-14-31-24

STATE BOARD OF FUNERAL & CEMETERY SERVICE  
PROFESSIONAL LICENSING AGENCY  
402 West Washington Street, Room W072  
Indianapolis, Indiana 46204  
Telephone: (317) 234-3031  
www.pla.IN.gov

Annual report must be filed not later than ninety (90) days after end of fiscal year ending in December, otherwise annual report must be filed not later than seventy-five (75) days after end of non-calendar fiscal year. A crematory authority may file a written request for a sixty (60) day extension.

Type of filing <input type="checkbox"/> New registration <input type="checkbox"/> Annual report <input type="checkbox"/> Facility closed		Registration number	Last month of fiscal year (for annual report only)
Name of crematory			
Address (number and street, city, state, and ZIP code)			
Telephone number (     )	E-mail address		
Type of ownership <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company <input type="checkbox"/> Corporation			
Number of retorts	Number of pet retorts * (optional)	Number of cremations performed last year	Number of pet cremations performed last year * (optional)
Is this facility affiliated with a funeral home? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes", license number of funeral home	

\* This is an area the Board does not currently regulate and answering is optional.

If this is an **Annual Report** and no changes have occurred in the name and address of the applicants and the structure of the legal entity during the preceding fiscal year, the authorized representative of the cremation authority may sign here: \_\_\_\_\_  
and skip to bottom of page and sign and date form, otherwise, complete the additional section of form below.

List name and address of applicant(s): Sole proprietor, Partners, Managers and members of Limited liability company, Officers, Directors, and Shareholders holding at least 25% of shares of Corporation stock for a Corporation. (Attach additional sheet(s) to list names and addresses if needed.)

1. Name
Address (number and street, city, state, and ZIP code)
2. Name
Address (number and street, city, state, and ZIP code)
3. Name
Address (number and street, city, state, and ZIP code)
4. Name
Address (number and street, city, state, and ZIP code)
5. Name
Address (number and street, city, state, and ZIP code)

### CERTIFICATION

I certify that I personally completed this application and that the information appearing hereon is true and correct to the best of my knowledge and belief. I understand that providing fraudulent information may be grounds for refusal to issue the license for which I am applying or for disciplinary action against the license which may be issued.

Signature of authorized representative	Date (month, day, year)
Title of authorized representative	