



New Jersey Office of the Attorney General

Division of Consumer Affairs
State Board of Mortuary Science of New Jersey
124 Halsey Street, 6th Floor, P.O. Box 45009
Newark, New Jersey 07101
(973) 504-6425

Table with 2 columns: Fee Name and Amount. Rows include: New installation inspection fee: \$150.00, Certificate of Registration: 700.00, \$850.00, Change of manager fee: \$35.00.

Application for a Certificate of Registration

All questions must be answered by the applicant except where indicated.

Pursuant to N.J.S.A. 45:7-55, application is hereby made to register the establishment referred to below, and for a certificate of registration to maintain and operate the facility for the period through December 31, 20.

1a. Exact name under which the establishment is conducted and the address:

Form with fields for: New name, Street address, City, County, ZIP code, Telephone number (include area code), License Number, E-mail address.

b. Type of ownership: (Check the one that applies.)

- Individual, Partnership, Individual-Trade name, Partnership-Trade name, Corporation, Estate, Corporation-Fictitious name, Limited Liability Company, Other (Explain)

c. List below the name and address of every individual in whom ownership is vested (corporations excluded).

Table with 2 columns: Full name of owner, Home address. Rows 1, 2, 3.

d. If the establishment's name above is a corporation or trade name, please list the State or Federal Tax Identification number:

Number

2a. Provide the name and license number of the licensed manager or licensee-in-charge of this establishment:

Form with fields for: Manager/Licensee, License number.

b. If you are managing more than one funeral home, list below the name, license number and address of each.

Funeral home name	Funeral home address
1. _____ License No. _____	
2. _____ License No. _____	
3. _____ License No. _____	

c. Provide the name of every licensed employee.

_____	_____
_____	_____
_____	_____

d. Provide the name of every trainee and unlicensed employee and the hours each of them work per week.

Name	Home address	Hours per week
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**To be answered by corporate applicants only.**

3a. Exact name of the corporation \_\_\_\_\_

b. Name and address of the registered agent of the corporation.

_____	_____	_____	_____	_____
Name	Street address	City	State	ZIP code

c. Date of incorporation \_\_\_\_\_

d. Names of all officers and, in addition, the owners of 5% or more of stock:

Name	Percentage
President _____	_____
Vice President _____	_____
Secretary _____	_____
Treasurer _____	_____
Other _____	_____

e. Has there been a change in the list of corporate officers in the past year?     Yes     No

f. State the amount of common stock issued \_\_\_\_\_

g. State the amount of preferred stock issued \_\_\_\_\_

The answers and statements made in this form are true and correct to the best of my knowledge and belief. I agree to display the Certificate of Registration and understand that the Certificate is not transferrable. I am familiar with the provisions of Chapter 184, Law of 1960, and the Rules and Regulations of the Board.

\_\_\_\_\_  
Signature of licensee/manager-in-charge of establishment