



# 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

## First Year / Even

New installation inspection fee:	\$150.00
Certificate of Registration:	<u>700.00</u>
	\$850.00

## 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.

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

_____		
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.)

- |  |  |
|--|--|
| <input type="checkbox"/> Individual                  | <input type="checkbox"/> Partnership               |
| <input type="checkbox"/> Individual-Trade name       | <input type="checkbox"/> Partnership-Trade name    |
| <input type="checkbox"/> Corporation                 | <input type="checkbox"/> Estate                    |
| <input type="checkbox"/> Corporation-Fictitious name | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Other (Explain)             |  |

_____
_____
_____

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

**Full name of owner**

**Home address**

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:

_____	_____
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