

# STATE OF MAINE

## BOARD OF FUNERAL SERVICE

### APPLICATION FOR REGISTRATION OF FUNERAL ESTABLISHMENTS



Department of Professional and Financial Regulation

Office of Licensing and Registration

35 State House Station

Augusta, ME 04333-0035

Office Telephone: (207) 624-8623  
HEARING IMPAIRED (207) 624-8563

Office located at: 122 Northern Avenue, Gardiner, Maine

## **Application Guide for Registration of Funeral Establishments**

***Please read all the information carefully. If you have any questions, you can contact the Board of Funeral Service office at (207) 624-8623.***

### **Furnished to Applicant:**

1. Application Guide for Registration of Funeral Establishments
2. Application for Licensure
3. Authorization of Credit Card Payment Form

A funeral establishment means a place or premise licensed by the Board of Funeral Service devoted to the care and preparation of human remains for the purpose of funeral ceremonies and final disposition. The facility shall be maintained for the convenience of the bereaved family for viewing or other services in connection with the deceased.

All funeral establishments and branches must be operated by a person or persons holding a funeral director's licenses, which was initially issued before January 1, 1989, or a practitioner of funeral service license.

All applications for licensure of **Funeral Establishments** must include the following:

- Completed application for licensure; and
- Payment of an \$80.00 registration fee. Make your check payable to the Maine State Treasurer.

Upon satisfactory inspection of your establishment and upon review and approval of application by the Board, a registration will be issued for the Funeral Establishment. This registration must be displayed in public view at the establishment.



ANGUS S. KING, JR.  
GOVERNOR

STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
**Board of Funeral Service**  
35 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0035  
(207) 624-8563 (HEARING IMPAIRED)

ANNE L. HEAD  
DIRECTOR

### APPLICATION FOR ESTABLISHMENT

The following statement is made pursuant to the Privacy Act of 1974, §7(B). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for Tax Administration purposes pursuant to 36 M.R.S.A. §175 as authorized by the Tax Reform Act of 1975 (42 U.S.C. §405(C)(2)(C)(I)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 M.R.S.A. §191.

**PLEASE CHECK ONE OF THE FOLLOWING:**

- New Funeral Establishment
- Change of Ownership
- Funeral Branch
- Name change

Name of Establishment: \_\_\_\_\_

Location of Establishment: \_\_\_\_\_

Mailing Address of Establishment: \_\_\_\_\_

Owner of Establishment: \_\_\_\_\_

Responsible Practitioner: \_\_\_\_\_ License number: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

If Branch, Name of Main Establishment: \_\_\_\_\_

Address of Main Establishment: \_\_\_\_\_

License number of Main Establishment: \_\_\_\_\_

If name change or change of ownership, what name was establishment previously licensed under?

\_\_\_\_\_ License Number: \_\_\_\_\_

**PLEASE USE THE BACKSIDE OF THIS APPLICATION TO LIST THE NAMES AND LICENSE NUMBERS OF PERSONS EMPLOYED AT YOUR ESTABLISHMENT.**

I swear or affirm that the information on this application is true to my knowledge and belief and that any omissions, inaccuracies or failure to make disclosures may be deemed sufficient reason to suspend or revoke a license issued by the Board.

Signature of Practitioner: \_\_\_\_\_ Date: \_\_\_\_\_

**OVER**





ANGUS S. KING, JR.  
GOVERNOR

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### AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

<b>Name:</b> (applicant fees being paid for)		
<b>Mailing Address:</b> (applicant fees being paid for)		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>County:</b>	<b>Telephone #:</b> (____) _____ - _____	
<b>Name of cardholder:</b> (if other than applicant)		
<b>Mailing Address:</b> (if other than applicant)		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

Visa     MasterCard \_\_\_\_\_ **Card number**

**Expiration date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **in the amount of: \$** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

OFFICE PHONE: (207) 624-8623



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FAX: (207) 624-8637

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