

SCREEN						А	CTION
		<u>CFB Us</u>	er Dashboard			1.	Locate CFB User
CFB							Dashboard
CONTENTATIONAL		Cemetery a	nd Funeral Bureau		Connect Support		
Welcome	Profile Sign Out			l an ar	Link License		
Licenses	License# Issu	ance Date	Expiration Date	Links & Resources			
No records found.	LICEINE# ISS		Expiration Date	Cemetary and Fune	ral Bureau		
		< > >>					
Applications				Notifications			
			New Application		Q Search Keyword		
and the second	nse Type Application#	Submitted Date Bus	iness Name Status Action	Subject	Date Sent		
No applications found.	Showing 0 to 0 of 0 ontr	ies << < > >> 10 <	2	No records found.			
	showing o to o of o emi	ies · · · / // 10 ·			« « » »		
		Create	a New Applicati	<u>on</u>		2.	Click the New
							Application button
Applications							on the top right of the Applications
					New Application		pane
							pane
Application Type	License Type	Application#	Submitted Date	Business Name	Status Action		
No applications found.							
		Showing 0 to 0 of 0	entries « < > » 10	\sim			
Application Type Selection						3.	Click the
Please select the application type from the	he drop down list below.						Application
Application	Business License				~		dropdown and
License Type	Original Funeral Establishment (FD) License	2			~		select Business
	Create Application Cancel						License
						4.	Click the License
Application Type Selection							Type dropdown
Please select the application type from the	he drop down list below.						and select Original Funeral
Application	Business License				~		Establishment (FD)
License Type	Original Funeral Establishment (FD) License	•			~		License
	Create Application Cancel						

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SCREEN	Δ	CTION
	5.	With the application selected, click the green Create Application button
Introduction Tab Original Funeral Establishment (FD) License	6.	Read the Introduction and Privacy Notice
	7.	Click the green Save & Continue button



plicant Information 😵	Applicant Information Original Funeral Establishment (FD) License Applicant Information at Name * Last Name * well Address * ephone Number * ave & Continue Save & Esti	<u>Tab</u>	 8. Complete all required Applicar Information fields *Note: All required field have a red asterisk 9. Click the green Save & Continue button
tice plicant Information & meral Establishment & mership Information & signated Funeral & cation of Storage & d/or Preparation & meral Trust Fund mered Reporting & triffication Affidavit &	Applicant Information st Name * Last Name * hail Address * lephone Number *		Information fields *Note: All required field have a red asterisk 9. Click the green Save & Continue
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d/or Preparation neral Trust Fund eneed Reporting rtification Affidavit	we & Continue Swe & Exit		button
eneed Reporting rtification Affidavit	ave & Continue Save & Exit		
estation 😵			
	Original Funeral Establishment (FD) License		required Funeral Establishment
	Original Euneral Establishment (FD) License		
ntroduction and Privacy 😡	C Funeral Establishment Information		Information fields
uneral Establishment	Name of Funeral Establishment. *	FEIN Number: *	*Note: All required field
wnership Information	felephone Number: *		have a red asterisk
esignated Funeral			11. If applicable, sele
ocation of Storage 🛛 🛞	Funeral Establishment Address Information		This is the Main
uneral Trust Fund	Address Line 1 *		Office checkbox
eneed Reporting	Address Line 2		
ttestation	State * City *	Zip *	
V			
	This is the Main Office		



EEN	ACTION
Mailing Address	12. Complete all required Mailin Address and
Same as Funeral Establishment Address.	Main Office
Address Line 1*	Address fields
Address Line 2	*Note: All required
State * City * Zip *	fields have a red asterisk
Main Office Address	13. If applicable, select Same a s
Address Line 1*	Funeral Establishment
Address Line 2	Address
State * City* Zip*	checkbox
Proof of Zoning	New Files to
Proof of Zoning Upload a letter or documentation from the city or county in which the establishment is located approving the use and location of the proposed funeral establishment.*	New Files to browse for applicable
Upload a letter or documentation from the city or county in which the establishment is located approving the use and location of the proposed funeral establishment.* + Browse New Files To add new files for upload, please click "Browse", or click-and-drag files into this area	New Files to browse for applicable documentatic
Upload a letter or documentation from the city or county in which the establishment is located approving the use and location of the proposed funeral establishment.*	New Files to browse for applicable documentatio15. Upload all required Proof
Upload a letter or documentation from the city or county in which the establishment is located approving the use and location of the proposed funeral establishment.* To add new files for upload, please click "Browse", or click-and-drag files into this area Type File Name Actions	New Files to browse for applicable documentatic 15. Upload all required Proof Zoning documentatic
Upload a letter or documentation from the city or county in which the establishment is located approving the use and location of the proposed funeral establishment.*	New Files to browse for applicable documentatio15. Upload all required Proof Zoning documentatio by selecting C
Upload a letter or documentation from the city or county in which the establishment is located approving the use and location of the proposed funeral establishment.*	New Files to browse for applicable documentatic 15. Upload all required Proof Zoning documentatic by selecting C Here to Upload *Note: Click Here to
Upload a letter or documentation from the city or county in which the establishment is located approving the use and location of the proposed funeral establishment.*	New Files to browse for applicable documentation 15. Upload all required Proof Zoning documentation by selecting C Here to Upload
Upload a letter or documentation from the city or county in which the establishment is located approving the use and location of the proposed funeral establishment.*	New Files to browse for applicable documentation 15. Upload all required Proof Zoning documentation by selecting C Here to Upload *Note: Click Here to Upload must be selected in order to proceed
Upload a letter or documentation from the city or county in which the establishment is located approving the use and location of the proposed funeral establishment.*	New Files to browse for applicable documentation 15. Upload all required Proof Zoning documentation by selecting C Here to Upload *Note: Click Here to Upload must be selected in order to proceed 16. Click the greet Save & Contine
Upload a letter or documentation from the city or county in which the establishment is located approving the use and location of the proposed funeral establishment.*	browse for applicable documentation 15. Upload all required Proof Zoning documentation by selecting C Here to Upload *Note: Click Here to Upload must be selected in order to
Upload a letter or documentation from the city or county in which the establishment is located approving the use and location of the proposed funeral establishment.*	New Files to browse for applicable documentation 15. Upload all required Proof Zoning documentation by selecting C Here to Upload *Note: Click Here to Upload must be selected in order to proceed 16. Click the greet Save & Contine



SCREEN		ACTION
	Ownership Information Tab	17. Select Type of
	Original Funeral Establishment (FD) License	Ownership
Introduction and Privacy	_	*Note: When selecting,
Notice	Ownership Information	additional information
Applicant Information	Type of Ownership *	and/or uploading
Funeral Establishment	Individual Licensed Owner Partnership	supporting
Ownership Information	Corporation	documentation will be
Designated Funeral	Please provide information about the owner by pressing 'Add New' below:	required
Director Information	C Iddi New	18. Select the Add
and/or Preparation	Title 📊 First Name Last Name Middle Initial Email Address Share of Ownership Actions	New button to add
Funeral Trust Fund Preneed Reporting		the owner
Certification Affidavit	Save & Continue Save & Exit	information and
Attestation 🛛 🔊		complete all required
		J fields
Introduction and Privacy Notice	Original Funeral Establishment (FD) License	18-a. For Individual
Applicant Information	Www.rship Information	Licensed Owner,
Funeral Establishment	Type of Ownership **	select the Add New
Ownership Information	O Partnership	button to add the
Designated Funeral Director	Upload a copy of the Partnership Agreement.	owner information
Information	tornove New Tiles to add new Tiles for upload, please click "Browse"; or click-and-drag files into this area	and complete all
Preparation		required fields
Funeral Trust Fund Preneed Reporting	Type File Name Actions Click here to Upload Clear Click here to Upload Click h	
Certification Affidavit		18-b. For Partnership ,
Attestation	Uploaded Files	click + Browse New
	Type File Name Actions	Files to browse for
	List all general partners along with the percentage of ownership.	applicable
		documentation and
	Add New Title First Name Last Name Middle Initial Email Address Share of Ownership Actions	upload required
		Partnership
	Save & Continue Save & Ent	Agreement by
		selecting Click Here
	Original Funeral Establishment (PD) License	to Upload. Next,
	territoria constante and terindependente and territori consta	select the Add New
Ownership Information	Constant Constant Constant Constant	button to add
	After 101	General Partners and
	Annesite Annesite Annesite Annesite Annesite	complete all required
Attestation		fields
	Control of the Andrew Section and Corporate Reduction.	
	The distribution of the second s	18-c. For Corporation ,
	Na Indexe Advant	complete all required
		fields, and optional
	Yes Datas Asso	fields as
	List al Copures Offices mate made them that with the Calibranic Standard Data.	
	2) <mark>anterna</mark> Tile Kathana Lathana Malababid InalAdana Sanad Nanaip Adana -	applicable. Then
	Dist Comme Sea 11a	click + Browse New
		Files to browse for
		applicable

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SCREEN			ACTION
			documentation and upload required Articles of Incorporation and Corporate Resolution documentation by selecting Click Here to Upload. Next, select the Add New button to add all Corporate Officers and complete all required fields
			*Note: All required fields have a red asterisk 19. Click the green Save & Continue
			button
Introduction and Privacy Notice		Designated Funeral Director Information Tab Original Funeral Establishment (FD) License Original Funeral Director Information	20. Complete required License Number and Last Name fields
Applicant Information	0	Please note: Funeral Director (FDR) and/or Funeral Establishment (FD) License Number searches must be formatted in upper case only, with the license type (FDR or FD) followed by a single space and the license number (i.e. FDR XXX or FD XXX).	21. Click the Search
Ownership Information Designated Funeral Director Information	 ✓ ✓ ✓ ✓ ✓ 	License Number * Last Name * Search Email Address Telephone Number	button to populate the remaining information
Location of Storage and/or Preparation	8	First Name Expiration Date	
Funeral Trust Fund Preneed Reporting	8	This facility is sharing the Funeral Director Ves No	22. Provide a "Yes" or "No" response to
Certification Affidavit	⊗		the statement This
Attestation	8	Save & Continue Save & Exit	facility is sharing the Funeral Director
			*Note: If Yes is selected, click Add New , enter Funeral Establishment License Number , click the Search button, and click the Save button 23. Click the green Save & Continue button



SCREEN		ACTION
	Location of Storage and/or Preparation Tab Original Funeral Establishment (FD) License	24. Answer the Storage Location Question
Introduction and Privacy Introduction and Privacy Applicant Information Image: Comparison of the second se	Conginal Funeral Establishment (FD) License Location of Storage and/or Preparation Storage Location Question The storage location is: * On-site Off-site Shared Is embalming offered as a service?* Yes No Save & Continue Save & Edit	*Note: When answering Off-site, additional Storage Location information is required. When answering Shared, additional Storage Location information is required. Click on the "Add New" button,
Funceral Trust Fund Image: Certification Affidavit Certification Affidavit Image: Certification Affidavit Attestation Image: Certification Affidavit		complete required Funeral Establishment License Number field and click the Search button to populate the remaining fields, then hit the Save button. Complete the Miles from Main Office field.
		* Note: If shared storage location is NOT under common ownership , click + Browse New Files to browse for applicable documentation and upload required Contractual Agreement documentation by selecting Click Here to Upload .
Introduction and Privacy Notice Applicant Information Funeral Establishment S	Original Funeral Establishment (FD) License Contaction of Storage and/or Preparation Storage Location Question	25. Answer the Embalming question
Ownership Information Image: Constraint of the standard strength of the strengt of the strength of the strength of the strength of the strength	The storage location is: * On-site Off-site Shared Is embalming offered as a service? * Preparation Location Question The preparation location Si: * On-site Off-site Shared Swe & Control Site & Edit	*Note: When answering Yes, answer the additional Preparation Location Question and follow the "On-site", "Off- site", or "Shared" instructions similarly to step 24, as applicable.
		26. Click the green Save & Continue button

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SCREEN		ACTION
	Funeral Trust Fund Preneed Reporting Tab	27. Complete the
		Funeral Trust Fund
	Original Funeral Establishment (FD) License	Preneed Reporting
Introduction and Privacy Notice	2 Funeral Trust Fund Preneed Reporting	statement
Applicant Information	Funeral Establishment has: *	*Natar Whan aslasting
Funeral Establishment	No Preneed Trust Accounts Non-reportable Preneed Trust Accounts	*Note: When selecting Reportable Preneed Trust
Ownership Information	Reportable Preneed Trust Accounts - Individual Trustees Reportable Preneed Trust Accounts - Corporate Trustees	Accounts-Individual
Designated Funeral Director Information	Save & Continue Save & Eait	Trustees or Reportable Preneed Trust Accounts -
Location of Storage and/or Preparation		Corporate Trustees,
Funeral Trust Fund Preneed Reporting	3	complete the required fields under Trustees
Certification Affidavit	3	Information by clicking of
Attestation	3	the Add New button
		and/or completing the required fields
	Original Funeral Establishment (FD) License	
Introduction and Privacy Notice	Sequence Trust Fund Preneed Reporting	
Applicant Information	Funeral Establishment has: *	
Funeral Establishment	Non-reportable Preneed Trust Accounts Non-reportable Preneed Trust Accounts Personal Preneed Trust Accounts-Individual Trustees	
Ownership Information	Reportable Preneed Trust Accounts-Individual Irustees Reportable Preneed Trust Accounts - Corporate Trustees	
Designated Funeral Director Information	Trustees Information	
Location of Storage and/or Preparation	Applicant will need to upload a certification affidavit for each trustee. This require a minimum of 3. Only one can be an employee or officer of the funeral establishment.	
Funeral Trust Fund Preneed Reporting		
Certification Affidavit	Trustee Last Name () Trustee First Name () Trustee Middle Name () Trustee Phone () Trustee Email () Action ()	
Attestation	0	
	Save & Continue Save & Ext	
Introduction and Privacy	Original Funeral Establishment (FD) License	
Notice	Funeral Trust Fund Preneed Reporting	
Applicant Information	Funeral Establishment has: *	
Funeral Establishment	Non-reportable Preneed Trust Accounts Reportable Preneed Trust Accounts-Individual Trustees	
Ownership Information	Reportable Preneed Trust Accounts - Corporate Trustees	
Designated Funeral Director Information	Trustees Information	
	2 Add New	
Location of Storage and/or Preparation		
Funeral Trust Fund Preneed Reporting	Corporation Name 11 Trustee Phone 11 Trustee Email 11 Action 11	28 Click the green
Preparation Funeral Trust Fund Preneed		28. Click the green Save & Continue



SCREEN		ACTION
	Certification Affidavit Tab	29. Click + Browse New
		Files to browse for
Introduction and Privad	Original Funeral Establishment (FD) License	applicable
Notice	Certification Affidavit	documentation
Applicant Information	A Certification Affidavit is required for each Sole Owner, Partner, Corporate Officer, and/or Trustee.	
Funeral Establishment	To add new files for upload, please click "Browse", or click-and-drag files into this area	30. Upload all required Certification
Ownership Information		Affidavit
Designated Funeral Director Information	Type File Name Actions	documentation by
Location of Storage and/or Preparation	Click here to Upload Clear	selecting Click Here
Funeral Trust Fund Preneed Reporting	Uploaded Files	to Upload
Certification Affidavit	Type File Name Actions	
Attestation	0	*Note: Click Here to
	Save & Continue Save & Exit	Upload must be selected in order to proceed
		31. Click the green
		Save & Continue
		button
	Attestation Tab	32. Check the box to
	Original Funeral Establishment (FD) License	certify all information
Introduction and Privacy		contained in the
Notice	Attestation	application is true
Applicant Information	The application must be signed by the person designated as the applicant in the "Application Information" tab.	and accurate
Funeral Establishment		
Ownership Information	I certify under penalty of perjury under the laws of the State of California that all statements furnished in connection with this application are true and accurate. * Signature * Date *	33. Type your name in
Designated Funeral Director Information	05/22/2024	the Signature field
Location of Storage and/or Preparation	e	- 24 Click the groop
Funeral Trust Fund	Save & Continue Save & Exit	34. Click the green Save & Continue
Preneed Reporting		button
Certification Affidavit	8	
Attestation	8	



	<u>Fee and</u>	l Payme			55.	Complete th
Credit Card						required Pay
		_	Billing Information Require	d Fields *		Information f
		L	Copy Details From Application		*N	ote: If the 'Billin
Payment Information					Infe	ormation' is the
VISA MasterCard DISCOVER		First Name: *			as	the 'Application
Card					on	Copy Details f
Number: *		Last Name: *			Ap	plication box
CVV: *		Street 1: *			34	Click the gre
Expiration Month: *					50.	and Submit k
Date:* Month: *	fonth Year: * Year	Street 2:				
		Country: *		~		
	Ste	ate/Province: *		~		
		City *				
	Zip/	/Postal Code: *				