South Dakota Board of Funeral Service

810 North Main #298
Spearfish, SD 57783
(605) 642-1600

FUNERAL CREMATORY APPLICATION

1. The operation of a crematory (other than a medical facility) must be under the direction and supervision of a licensee under 36-19 who has successfully completed a crematory operator program approved by the Board.
2. Crematories must identify all Certified Crematory Operators employed by the crematory.
3. All crematories must possess a motorized or mechanical device that is available for the processing of cremated remains.
4. All crematories must have a refrigerated facility that is available for the retention of descendants awaiting cremation.
5. Ownership or changes to employed Certified Crematory Operators shall be reported within 30 days.
6. It is a Class 1 Misdemeanor to operate a crematory not licensed in accordance with South Dakota law.

Board use **ONLY:**
Received_____ Check Number:_____ $_____

Check one;
( ) Proprietorship ( ) Partnership ( ) Corporation

If Corporation: List both the name and address of primary and subsidiary corporation and primary stockholders of each. If necessary, you may attach a separate sheet of paper.

Crematory Name:_____License Number:_____

Physical Address: _____
Address City State Zip Code

Mailing Address: _____
Address City State Zip Code

Establishment Phone: (_____)_____E-mail: _____

PLEASE IDENTIFY ALL CERTIFIED CREMATORY OPERATORS EMPLOYED AT THE CREMATORY:

NAME OF LICENSEE:	LICENSE NUMBER:

Is the Crematory in possession of a motorized or mechanical device available for processing cremated remains?
YES NO

Does the Crematory have a refrigerated facility that is available for the retention of descendants awaiting cremation?
YES NO

Licensee in charge:_____License Number:_____
(Please Print)

Signature_____Date_____
(Of Licensee In Charge)