



# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

## APPLICATION FOR FUNERAL SERVICE INSPECTION CERTIFICATE

1. Name of Owner(s) or Corporation: \_\_\_\_\_
2. Name of funeral service manager: \_\_\_\_\_
3. License number of owner or manager: \_\_\_\_\_ Expiration date: \_\_\_\_\_
4. Name of funeral home or cremation service: \_\_\_\_\_
5. Address of funeral home or cremation service: \_\_\_\_\_  
\_\_\_\_\_
6. Name of full-time licensed embalmer: \_\_\_\_\_ Expiration date: \_\_\_\_\_
7. FEIN number: \_\_\_\_\_
8. Date that you plan to open the funeral home or cremation service: \_\_\_\_\_
9. Date that you would like inspection conducted: \_\_\_\_\_  
(Advance notice of two (2) weeks is requested)
10. Telephone number where you can be reached during the day: \_\_\_\_\_
11. Have you included the \$300 License Fee (made payable to, "Treasurer, State of Connecticut") with this application? Yes \_\_\_\_\_ No \_\_\_\_\_

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Signature of Applicant

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Date

-----  
Title or position in the firm.

**Return application forms to:**      **Department of Public Health**  
**Attn: Gary Griffin**  
**Office of Practitioner Licensing (MS #12HSR)**  
**PO Box 340308**  
**Hartford, CT 06134-0308**



*Phone: (860) 509-7400*  
*Telephone Device for the Deaf (860) 509-7191*  
*410 Capitol Avenue - MS # 12HSR*  
*P.O. Box 340308 Hartford, CT 06134*  
*An Equal Opportunity Employer*

**AFFIDAVIT OF**

\_\_\_\_\_  
(Name of individual)

The undersigned being duly sworn, hereby deposes and says:

1. I am over the age of eighteen years and believe in the obligation of an oath.
2. The information in this affidavit is based upon my own personal knowledge.
3. That I, \_\_\_\_\_, have submitted an application for an inspection certificate for \_\_\_\_\_  
(name of funeral or cremation business)
4. The following are owners or corporate officers of the \_\_\_\_\_  
(name of funeral or cremation business)
  - a. \_\_\_\_\_  
Name Title
  - b. \_\_\_\_\_  
Name Title
  - c. \_\_\_\_\_  
Name Title
  - d. \_\_\_\_\_  
Name Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature and Title

State of Connecticut ss \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

**Notice**

*Connecticut General Statute §20-222b  
(Public Act No. 98-174)*

*The Disclosure of Ownership Information By Funeral Service Businesses.*

Each person, firm or corporation that carries on or engages in a funeral service business, as defined in section 20-207 of the general statutes, shall display, on a **sign** located immediately inside of such funeral service business, adjacent to the display of the license and inspection certificates, in a manner visible to the public, the following ownership information:

(1) The name of every licensed funeral director, as defined in section 20-207 of the general statutes, who holds an ownership interest of ten (10) per cent or more in the corporation, limited liability company, partnership, limited partnership or other business entity that operates such funeral service business; and

(2) The name of any corporation, limited liability company, partnership, limited partnership that holds an ownership interest of ten (10) per cent or more in such funeral service business.

Each person, firm or corporation that carries on or engages in a funeral service business, shall include, on any **contract** for the sale of funeral services or merchandise, the name, business address and business telephone number of any corporation, limited liability company, partnership, or limited partnership that holds an ownership interest of ten (10) percent or more in such funeral service business.

**Effective October 1, 1998**

*Notice*

*Public Act 95-271* requires that anyone intending to operate a funeral service business must first submit an application to the Department of Public Health. The application must identify the manager of the funeral service business.

The act defines a “manager” of a funeral service business as a person who is licensed as an embalmer or funeral director who has direct and personal responsibility for the daily operation and management of the business.

*Public Act 95-271* also requires that any person, firm, partnership or corporation wishing to change its manager, to notify the Department of Public Health 30 days before the change on a Department prescribed form.

If you have any questions regarding this public act, please contact:

Gary Griffin  
Department of Public Health  
Office of Practitioner Licensing (MS #12HSR)  
PO Box 340308  
Hartford, CT 06134-0308

**Telephone: (860) 509-7552**

## **Proof of Worker's Compensation Insurance**

Connecticut General Statute § 31-286a(b) states that no state Department, Board or Agency may renew a license or permit to operate a business in this state unless the applicant first presents sufficient evidence of current compliance with the worker's compensation insurance coverage requirements of section 31-284.

If you plan to operate your funeral service business with an employee, please attach evidence of current compliance with the worker's compensation insurance coverage in the form of one of the following:

- A. a certificate of self-insurance issued by a worker's compensation commissioner pursuant to Section 31-284 of the Connecticut General Statutes; or
- B. a certificate of compliance issued by the Insurance Commissioner pursuant to Section 31-286 of the Connecticut General Statutes; or
- C. a Certificate of Insurance issued by any stock or mutual insurance company or mutual association authorized to write worker's compensation insurance in this state.

**Note: Information pages and Insurance Binders are unacceptable. Only "Certificates of Insurance" will be accepted.**