Colorado Division of Professions and Occupations
Office of Licensing—Funeral Home and Crematory Registration
1560 Broadway, Suite 1350
Denver, CO 80202
Phone: (303) 894-7800 / Fax: (303) 894-7693
www.dora.colorado.gov/professions

APPLICATION TO UPDATE EXISTING REGISTRATION—FUNERAL HOME

APPLICANT INSTRUCTIONS

Use this application to:

- **Change the appointed designee, business name, business address, and/or services provided for an existing Funeral Home registration.**
- **Add or remove multiple business names and services provided at the same address for an existing Funeral Home registration.**

Do not use this application to:

- **Change the address of a Funeral Home business currently listed as a multiple business at the same address as an existing Funeral Home registration.**

  The business must submit a separate application for its own registration at its new address. The application for an original registration is available at www.dora.colorado.gov/professions/funeralhomescrematories.

Mandatory Practice Act. Colorado has a mandatory practice act, which means that you may not practice as a Funeral Home in this state without a Colorado registration. Submission of this application does not guarantee registration. Therefore, do not make life or career decisions based on the probability that you may receive a registration. Plan ahead for the time it will take for us to receive all required documents and complete our evaluation.

Basic Requirements. Requirements for registration are outlined in the Colorado Revised Statutes, specifically 12-54-110, and the rules and regulations of the Office of Funeral Home and Crematory Registration. Both are available online at www.dora.colorado.gov/professions/funeralhomescrematories.

About the Application. This application is to be completed by you and returned to the Office of Licensing. All questions on the application are mandatory, and all supporting documents must be submitted with the application. You may copy as many forms as needed; however, each form submitted must be completed in original ink or typed. Keep a copy of the completed application for your records.

Application Expiration. Your application will be kept on file for one (1) year from date of receipt in the Division. Your file and all supporting documentation will be purged if you do not submit the required documents and complete your application process in one year.

Disclosure of Addresses. Consistent with Colorado law, all addresses and phone numbers on record with the Division are public record and must be provided to the public when requested. It is your responsibility to keep your address, phone numbers, and contact information up-to-date in our database. All letters, renewal notices, and registrations are mailed to the last known address of record. **If your address is not current, it is possible you will not receive important documents.** You can change your address online by using Online Services at www.dora.colorado.gov/professions/onlineservices.

APPLICANT CHECKLIST

All Applicants:

- ☐ **You may submit one application for multiple changes being made at the same time.**
- ☐ **Complete all parts of the application that are appropriate for your change(s), as listed below.**
- ☐ **Return the completed application to the Office of Licensing. A fee is not required.**

To change the appointed designee:

- ☐ Complete all parts of the application; and
- ☐ Complete the *Funeral Home Appointed Designee Affidavit Update* (attached). Indicate the name of the previous appointed designee and the date that individual ceased to act as the appointed designee. The designee must be the same if multiple Funeral Home businesses are located at the same address.

To change the business name, business address, or services provided:

- ☐ Complete Parts 1, 3, and 4 of the application. Do not complete Part 2 if the appointed designee is not changing.

To add or remove multiple business names and/or the services provided by multiple businesses at the same address:

- ☐ Complete Parts 1, 3, and 4 of the application. Do not complete Part 2 if the appointed designee is not changing; and
- ☐ Complete the *Funeral Home/Crematory Update Multiple Businesses at the Same Address* form (attached).

Return your completed application packet and all supporting documentation to:

Division of Professions and Occupations
Office of Licensing—Funeral Home and Crematory Registration
1560 Broadway, Suite 1350
Denver, CO 80202

Dora
Department of Regulatory Agencies

IMPORTANT NOTICE

TO: All Applicants

FROM: Director of the Division of Professions and Occupations

SUBJECT: Licensure and Criminal History

Thank you for your interest in becoming a licensed* professional within the Division of Professions and Occupations. Before you submit your application, please be aware of a few facts regarding criminal conduct, convictions, and disciplinary actions in other states.

The mission of the Division of Professions and Occupations is "public protection through effective licensure and enforcement." One way the Division safeguards consumers is by issuing licenses to fully qualified, competent, and ethical applicants.

During the licensing process – and depending on the specific application – the Division will ask whether you have ever been disciplined in any state, arrested, charged, convicted, or pled guilty to a crime. An arrest, subsequent criminal conviction, or disciplinary action is not an automatic disqualification from licensure. Instead, the appropriate board or program will look at the facts surrounding the criminal conduct and disciplinary action to determine whether you are fit for licensure. You should know that licensure is a privilege, not a right. One thing you must do to obtain the privilege is to be completely honest on your application.

Be sure to list all relevant complaints, disciplinary actions, arrests, charges, or convictions in response to the licensure questions. Failure to fully disclose could constitute grounds alone for denial of your application or revocation of your license. More important, avoid some of the common excuses we have heard from people who failed to disclose, such as:

- My attorney told me I didn't have to disclose the criminal conduct or disciplinary actions.
- I didn't think the prior conduct had anything to do with the profession.
- I didn't think the disciplinary action, arrest, charges, or conviction was still on my record.
- I didn't think it was subject to disclosure because I received a deferred sentence/judgment.

Remember, there is no excuse not to disclose disciplinary actions and criminal conduct. Even after licensure, you are still required to notify your professional licensing board or program about subsequent convictions and disciplinary actions in other states.

The Division conducts audits of its licensing database against several criminal and national disciplinary databases. This allows the Division to verify the truthfulness of your application and track subsequent criminal and disciplinary conduct after initial licensure. Keep in mind, you will not necessarily be revoked or denied a license if you have been disciplined, arrested, charged or convicted, but you will most likely be denied or revoked if you fail to disclose it.

**The word "license" is used as a general term. While most of the professions and occupations are licensed, others may be registered, certified, or listed. For precise terminology and requirements related to a profession or occupation, please consult the website of the appropriate board or program.*

1560 Broadway, Suite 1350 Denver, Colorado 80202 Phone 303.894.7800
Fax 303.894.7693 www.dora.state.co.us V/TDD 711

Consumer Protection

Division of Professions and Occupations
Office of Licensing—Funeral Home and Crematory
(303) 894-7800 / Fax (303) 894-7693
www.dora.colorado.gov/professions

Application to Update Existing Registration
FUNERAL HOME
Name/Address/Appointed Designee/
Services Provided/Multiple Business Names**: No Fee**

The content of this application must not be changed. If the content is changed, the applicant may be referred to the Colorado State Attorney General's Office for violation of Colorado law.

PART 1—FUNERAL HOME INFORMATION

I AM REPORTING CHANGE(S) TO AN EXISTING REGISTRATION AS FOLLOWS: (Check all that apply)

☐ ***Change of appointed designee****—In addition to this application, submit the attached Funeral Home Appointed Designee Affidavit Update.*

Do you understand that the Funeral Home must notify the Office of Licensing within thirty (30) days after appointing a new designee? ☐ YES ☐ NO

☐ **Change of business name** (Enter new business name in 3 below)

Effective date of new name: _____

Previous business name: _____

☐ **Change of business address** (Enter new business address in 6 below)

Effective date of new address: _____

Previous business address: _____

☐ **Change in services provided**

	Add	Remove
1. Refrigerating or holding human remains	☐	☐
2. Transporting human remains to or from the funeral establishment or the place of final disposition	☐	☐
3. Providing funeral goods or services to the public	☐	☐
4. Embalming human remains	☐	☐

Do you understand that the Funeral Home must notify the Office of Licensing within thirty (30) days after beginning a new service? ☐ YES ☐ NO

☐ **Add or remove multiple business name(s) at the same address**—In addition to this application, submit the attached *Funeral Home/Crematory Update Multiple Businesses at the Same Address* form.

1. Colorado Registration Number:	**2. Expiration Date:**
3. Business Name:	
4. Date Funeral Home Began Doing Business:	**5. Federal Employer Identification Number (FEIN):**
6. Business Address: Street & Number City State Zip Code	
7. Daytime Telephone Number: ( )	**8. E-mail Address:**

PART 2—APPOINTED DESIGNEE INFORMATION

1. **Appointed Designee:** This is the person who must ensure compliance with the registration laws associated with funeral homes and crematories; require that all employees comply with the requirements of the title protection provisions of the practice act pursuant to C.R.S. 12-54-111; and maintain records to demonstrate such compliance. Provide the information below for the appointed designee, **and** complete the attached ***Funeral Home Appointed Designee Affidavit Update***.

Last Name:	**First:**	**Middle:**	**Suffix:**
Title:	**Telephone:** ( )		

2. List each state or country in which you are or have ever been registered or licensed with a Funeral Home or Crematory (if needed, attach an additional sheet using the same format). If not applicable, enter N/A.

State	Registration/License Number	Year registration/ license issued	Disciplinary action against registration/ license?	Is this registration/ license active?
			☐ YES ☐ NO	☐ YES ☐ NO
			☐ YES ☐ NO	☐ YES ☐ NO
			☐ YES ☐ NO	☐ YES ☐ NO

3. List all additional Funeral Homes and Crematories for which you are the Appointed Designee (if needed, attach an additional sheet using the same format). If not applicable, enter N/A.

Business Name	Address

PART 3—BUSINESS LICENSING INFORMATION

List each state or country in which you are or have ever been registered or licensed as a Funeral Home or Crematory (if needed, attach an additional sheet using the same format). If not applicable, enter N/A.

State	Registration/License Number	Year registration/ license issued	Disciplinary action against registration/ license?	Is this registration/ license active?
			☐ YES ☐ NO	☐ YES ☐ NO
			☐ YES ☐ NO	☐ YES ☐ NO
			☐ YES ☐ NO	☐ YES ☐ NO

PART 4—SCREENING QUESTIONS

You must provide the following for each "YES" response to the screening questions below:

- An explanation, signed and dated by you, of your behavior or practice that led to the occurrence, including:
  - Date(s) of event/offense
  - Description of event/offense
  - Location/court
  - Current status/outcome.

You may be required to provide the following:

- Copies of legal documents relating to the event/offense
- Copies of legal documents indicating your compliance with any requirements imposed upon you.

1. Have you been convicted of a crime that, if committed in this state, would be a felony related to any activity regulated under the mortuary science code or a felony involving moral turpitude*?

   a. **Designee** ☐ YES ☐ NO

   b. **Business** ☐ YES ☐ NO

***Examples of felonies involving moral turpitude** would include, but are not limited to felonies involving assault, menacing, unlawful sexual behavior, arson, theft, trespass, criminal mischief, fraud, computer crime, domestic violence, wrongs to children, wrongs to at-risk adults, prostitution, indecent exposure, criminal invasion of privacy; any felony committed intentionally, knowingly, or recklessly that involves violence, coercion, threats, cruelty, fraud, deception, or deprivation of legally recognized rights; and, any conspiracy, solicitation, or criminal attempt to commit any of the aforementioned offenses, or participation as an accessory to any of the aforementioned offenses.

2. Have you had a registration or licensure as a funeral home or crematory denied, suspended, revoked, or had renewal refused, in any state?

   a. **Designee** ☐ YES ☐ NO

   b. **Business** ☐ YES ☐ NO

I state under penalty of perjury in the second degree, as defined in C.R.S. 18-8-503, that the information contained in this application is true and correct to the best of my knowledge. In accordance with C.R.S. 18-8-501(2)(a)(I), false statements made herein are punishable by law and may constitute violation of the practice act.

THIS APPLICATION COMPLETED BY:

Signature of Designee: _____ **Date:** _____

Print Name: _____

FUNERAL HOME APPOINTED DESIGNEE AFFIDAVIT UPDATE

Business Name:			**Registration Number:**
Designee Name: Last:	First:	Middle:	Suffix:
Address:	PO Box, Street: City, State, Zip:		

I, _____, certify the following:

1. I am at least eighteen (18) years of age.
2. I have at least two (2) years' experience working for a Funeral Home. ☐ YES ☐ NO
3. I am employed by the business designated above.
4. I have the authority within the business organization to require that personnel comply with Title 12, Article 54. ☐ YES ☐ NO
5. I am not designated for more than one (1) **funeral home/crematory** unless the additional **funeral home/crematory** is operated under common ownership and management and no **funeral home/crematory** is more than sixty (60) miles from another **funeral home/crematory** held under the same ownership conditions. ☐ YES ☐ NO

If the business is changing its appointed designee, indicate the name of the previous appointed designee and the date this individual ceased to be the appointed designee for this business.

Previous Appointed Designee Name: (print) Last:	First:	Middle:	Suffix:

Date ceased to be Appointed Designee: (mm/dd/yyyy)

I state under penalty of perjury in the second degree, as defined in C.R.S. 18-8-503, that the information contained in this application is true and correct to the best of my knowledge. In accordance with C.R.S. 18-8-501(2)(a)(I), false statements made herein are punishable by law and may constitute violation of the practice act.

Signature of Designee: _____ **Date:** _____

BUSINESS NAME: _____ (from Part 1)

FUNERAL HOME/CREMATORY
UPDATE MULTIPLE BUSINESSES AT THE SAME ADDRESS

List the name(s) of additional business(es) that you wish to remove from operating at the same address, add to operate at the same address, or change the services provided by at the same address. If needed, attach an additional sheet using the same format.

1. Business Name:

Select One:

☐ Remove Business ☐ Add New Business ☐ Update Services Provided

Services Provided:

Add	Remove	
☐	☐	Refrigerating or holding human remains
☐	☐	Transporting human remains to or from the funeral establishment/crematory or the place of final disposition
☐	☐	Providing funeral goods or services to the public
☐	☐	Embalming human remains (Funeral Home only)
☐	☐	Cremating human remains (Crematory only)

2. Business Name:

Select One:

☐ Remove Business ☐ Add New Business ☐ Update Services Provided

Services Provided:

Add	Remove	
☐	☐	Refrigerating or holding human remains
☐	☐	Transporting human remains to or from the funeral establishment/crematory or the place of final disposition
☐	☐	Providing funeral goods or services to the public
☐	☐	Embalming human remains (Funeral Home only)
☐	☐	Cremating human remains (Crematory only)

3. Business Name:

Select One:

☐ Remove Business ☐ Add New Business ☐ Update Services Provided

Services Provided:

Add	Remove	
☐	☐	Refrigerating or holding human remains
☐	☐	Transporting human remains to or from the funeral establishment/crematory or the place of final disposition
☐	☐	Providing funeral goods or services to the public
☐	☐	Embalming human remains (Funeral Home only)
☐	☐	Cremating human remains (Crematory only)