

# CREMATORY OPERATORS CERTIFICATION REGISTRATION

DATE DESIRED: \_\_\_\_\_

PRE-REGISTERED CLASSES HELD THE SECOND MONDAY OF THE MONTH\*  
CALL FOR NEXT AVAILABLE CLASS TIME – 866-758-7731

TO BE HELD FROM 9:30 A.M. - 2:30 P.M.

5 CREDIT HOURS WILL BE GIVEN TO QUALIFIED PERSONS

## CREMATION CERTIFICATION REGISTRATION FORM (PLEASE PRINT WITH BLOCK LETTERING)

CREMATORY: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

Is Crematory a: Free standing Business \_\_\_\_\_ or Combination w/ Funeral Home \_\_\_\_\_

REGISTRANT #1 - NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

FD LICENSE # \_\_\_\_\_ FOR CREDIT HOURS

REGISTRANT #2 - NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

FD LICENSE # \_\_\_\_\_ FOR CREDIT HOURS

\_\_\_\_\_ \$315.00 MEMBERS

(INCLUDES MEMBERSHIP FEE-\$65.00 FOR ADD'L REP –  
EACH PERSON TAKING THE COURSE MUST BE A LISTED  
REPRESENTATIVE OF THE CEMETERY/CREMATORY/FH  
MEMBER OR THE NON-MEMBER FEE OF \$875.00 APPLIES)

\_\_\_\_\_ \$875.00 - NON MEMBERS

TOTAL ENCLOSED \$ \_\_\_\_\_

NOTE: CERTIFICATE RE-ISSUANCE OR DUPLICATION - \$35.00

\* CLASSES WILL BE HELD AT: WASHINGTON MEMORY GARDENS, 701 RIDGE ROAD, HOMEWOOD IL  
ALL CLASSES REQUIRE PRE-REGISTRATION AND PRE-PAYMENT.

VISA/MASTERCARD ACCEPTED FOR PAYMENT  
ADDITIONAL LOCATION - SOUTH

VALHALLA GARDENS OF MEMORY & FUNERAL HOME, BELLEVILLE IL  
CALL FOR INDIVIDUAL CLASS AVAILABILITY TIMES FOR BELLEVILLE