

# CREMATORY OPERATORS CERTIFICATION REGISTRATION

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

**7-DAY NOTICE REQUIRED** - CLASS WILL BE HELD AT:

**MT OLIVET MEMORIAL PARK** ♦ 1436 KENOSHA ROAD ♦ ZION IL 60099-1480

LOCATION PHONE: 847-872-5476 ♦ REGISTRATION PHONE: 866-758-7731

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

LUNCH IS NOT PROVIDED. PLEASE BRING A BAGGED LUNCH.

**5 CREDIT HOURS WILL BE GIVEN TO QUALIFIED PERSONS**

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## 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 \_\_\_\_\_, Combination w/ Funeral Home \_\_\_\_\_

Or Combination w/Cemetery \_\_\_\_\_

**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

**\$350.00 MEMBERS**

(COURSE IS \$276.00 AND INCLUDES MEMBERSHIP FEE OF -  
\$74.00 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 CERTIFICATE DUPLICATION FEE **\$35.00**

ALL CLASSES REQUIRE PRE-REGISTRATION AND PRE-PAYMENT. **VISA/MASTERCARD ACCEPTED FOR PAYMENT**