

ASSUMPTION OF RESPONSIBILITY FORM

Name of Crematory: _____

Address of Crematory : _____

The licensed Cremationist in charge of the Crematory is:

Name: _____

Cremationist No: _____

Home Address: _____

Phone: _____

Cell Phone: _____

Email address: _____

CERTIFICATE OF CREMATIONIST

I hereby affirm that I am licensed as a Cremationist in the state of Arizona and reside therein. I am familiar with the laws of Arizona and the rules and regulations of the Arizona State Board of Funeral Directors and Embalmers and the Department of Health Services relating to Crematories I affirm that the Crematory will be equipped, operated and maintained in accordance with the provisions of such laws and regulations. As responsible Cremationist, I understand that I am responsible to the Arizona State Board of Funeral Directors and Embalmers for a licensed crematory's compliance with the aforementioned laws and regulations and hereby accept responsibility for the crematory named above.

DATE _____

SIGNED: _____

FAX (602) 542-3093