



Department of Health and Human Services
Maine Center for Disease Control and Prevention
286 Water Street
11 State House Station
Augusta, Maine 04333-0011
Tel: (207) 287-5689
Fax: (207) 287-3165; TTY: 1-800-606-0215

ANNUAL CREMATORIUM REPORT

Please complete all of the following data components. Please print legibly or type.

FACILITY INFORMATION

Facility Name: _____
Facility Location, Street: _____
Facility Location, Town/City: _____
Facility Mailing Address: _____
Facility Operator/Authority: _____
Telephone: _____ E-mail: _____

OPERATIONS SUMMARY

1. Reporting Period: Fiscal Calendar Year ending on _____
(MM/DD/YYYY)
2. During this reporting period, did any changes to the organization, the structure, and/or the equipment used at the subject facility change? Yes No If "yes", please provide a detailed description on a separate page or pages.

I, _____, Facility Operator/Authority for the subject facility, hereby state that this report is
Print Your Name
accurate to the best of my knowledge. I further stipulate that I am aware that deliberate falsification of the information
herein shall be sufficient cause for an audit of the subject facility's records.

Signature of Facility Operator/Authority

Date