



John E. Baldacci, Governor

Brenda M. Harvey, Commissioner

Department of Health and Human Services
Maine Center for Disease Control and Prevention
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REGISTRATION FORM FOR CREMATORIUM

1. Owner/Operator of Facility: _____
2. Name of Facility: _____
3. Facility Location: Street _____ Town/City: _____
4. Owner/Operator Mailing Address: _____
Town/City _____ State _____ ZIP Code _____
Telephone: _____ E-mail: _____
5. Cremation Retort Specifications: Enclose as **Exhibit A** manufacturer's specifications for the make and model of cremation retort(s) proposed.
Number of cremation retorts proposed: _____
6. Water Supply: Municipal System Private Well
7. Wastewater Disposal: Municipal Sewer Private Septic System
8. Effluvia Disposal: Will effluvia from human remains be collected on the premises?
 Yes No If yes, how will such effluvia be disposed? _____
9. Associated Cemetery: Is the proposed crematory associated with a cemetery? Yes No
Name of associated cemetery, if yes: _____
Size of associated cemetery, in acres: _____

10. Storage of Human Remains: How will human remains be stored at the proposed facility prior to cremation?

11. Facility Plans: Submit as **Exhibit B**, a plan or plans showing the layout of rooms, storage areas, equipment, plumbing, and other features of the proposed facility, prepared an engineer, architect, or other knowledgeable professional.

12. Right, Title, or Interest: Submit as **Exhibit C**, a copy of a deed, lease, contract of sale, or letter of interest establishing right, title, or interest to the property upon which the proposed facility is to be located.

Please complete this application form and deliver it to the Division of Environmental Health, along with Exhibits A, B, and C, and a \$200.00 review fee in the form of a check or money order made payable to "Treasurer, State of Maine".

I, _____, state that the information submitted
(print name)
is correct to the best of my knowledge and understand that any falsification is reason for the
Department to deny the project.

SIGNATURE: _____ DATE: _____