

Organization #:	Reviewed by:
-----------------	--------------

Name and Mailing Address:

Form 1 (includes List of Cemetery/Crematorium Sites) & 2 (if applicable) must be completed and filed with licence renewal payment (if applicable) to the Bereavement Authority of Ontario (BAO) within **90 days** of your fiscal year end. You may access fillable ALR forms on the BAO website (www.thebao.ca).

REVIEW THE INFORMATION BELOW AND INDICATE ANY CHANGES:

1. Operator contact name:		Position/Title:
Telephone no:	Fax no:	Email address (required):

2. Business Structure Type (choose one only):

<p>Corporation:</p> <p><input type="checkbox"/> Private <input type="checkbox"/> Not for profit</p> <p><input type="checkbox"/> Publicly Traded <input type="checkbox"/> Municipal - not for profit</p> <p><input type="checkbox"/> Trustee/Volunteer Board <input type="checkbox"/> Religious - not for profit</p> <p><input type="checkbox"/> Crown</p>	<p>Other:</p> <p><input type="checkbox"/> Sole proprietorship</p> <p><input type="checkbox"/> Partnership (all types)</p> <p><input type="checkbox"/> Cooperative</p>
---	---

3. Does the operator sell licensed supplies and services before the time of need (yes or no):

4. Please indicate below the total number of full body interments, cremation interments, scatterings and cremations to determine the licence renewal fee. Licence renewal fees are \$15.00 plus \$12.00 per interment, scattering and cremation. Operators who conduct less than 10 in total are exempt from the licence renewal fee.

Payment: If this form is due and received by March 31, 2021, **FEES ARE WAIVED**. After March 31, 2021, pay via credit card, cheque or money order payable to the **Bereavement Authority of Ontario** in the amount calculated below. A \$35 service charge applies for NSF cheques. Access the BAO website (www.thebao.ca) for the credit card payment form.

Fiscal year end	Full body Interments	Cremation Interments	Scatterings	Crematorium Cremations	Total Licence Renewal Fee
January 1, 2020 - December 31, 2020	+	+	+		(Total Fee is exempt if total activity is less than 10) (_____ x \$12)+\$15 = \$ _____ Total Activity (A+B+C+D) Total Fee Required
	(A)	(B)	(C)	(D)	

Complete the boxes below if the cemetery/crematorium operator's fiscal year end date is different

Fiscal year end	Full body Interments	Cremation Interments	Scatterings	Crematorium Cremations	Total Licence Renewal Fee
_____, 20____ - _____, 20____	+	+	+		(Total Fee is exempt if total activity is less than 10) (_____ x \$12)+\$15 = \$ _____ Total Activity (A+B+C+D) Total Fee Required
	(A)	(B)	(C)	(D)	

5. Please list below all officers/directors of the cemetery/crematorium operator, attach a separate sheet if necessary:

Name	Full Address	Position/Title	Phone #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

Notice and consent as required by applicable privacy laws

In order to complete or verify the information provided on Forms 1, it may be necessary for the BAO to collect additional information from some or all of the following sources: federal, provincial and municipal licensing bodies and police forces, other law enforcement agencies, sheriff's offices, the Registrar of Bankruptcy, credit bureaus, trust companies for compensation fund records, professional and industry associations, former and current employers, employers for whom you may work while this registration is valid, the Ontario Ministry of Transportation and Industry Canada. Only information relevant to your registration/licence will be collected. Please refer to our Privacy and Access Code on the BAO website.

I consent to the collection of this information as authorized under the *Funeral, Burial and Cremation Services Act*, 2002. I understand that this information will be used to determine whether I am and remain qualified to be licensed under the FBCSA.

Note: For corporations, this report must be signed by two officers, except if there is only one officer/director. For partnerships, this report must be signed by all partners. For municipalities, religious organizations, trustees and volunteer boards this report must be signed by an authorized officer.

WARNING: IT IS AN OFFENCE TO PROVIDE FALSE INFORMATION ON THESE REPORTS.

I (we) certify that to the best of my (our) knowledge and belief the within statements are true and correct and are in agreement with the records maintained by the cemetery/crematorium operator.

Authorized signature:	Print full name:	
Position:	Telephone no.:	Date (dd/mm/yyyy):
Authorized signature:	Print full name:	
Position:	Telephone no.:	Date (dd/mm/yyyy):

Return all forms to the address below. Submission by email or fax is preferred. If you sent forms by mail, keep a copy for your records. For questions or assistance completing the forms, please contact:

Bereavement Authority of Ontario
100 Sheppard Avenue East, Suite 505
Toronto, ON M2N 6N5
Tel: 647-483-2645 Toll-free: 844-493-6356 Fax: 647-748-2645
Email: trust@thebao.ca

Please note we are updating all licensee information on our public register.

PLEASE DOUBLE CHECK, COMPLETE AND CORRECT (IF NECESSARY) ALL FIELDS BELOW:

Organization #:		Name:					
Licence # & Status (Active or Inactive)	Physical Cemetery Address	Office/Mailing Address (location where day to day business occurs)	Person in Charge of day to day operations	Number of full body interments	Number of cremation interments	Number of Scatterings	Number of Cremations (Crematorium only)
Licence #:	Cemetery Name & Address:	<input type="checkbox"/> Same as cemetery address <input type="checkbox"/> If not, provide full address:	Name: Position: Telephone #:				
Status:	Lot: Concession:						
Licence #:	Cemetery Name & Address:	<input type="checkbox"/> Same as cemetery address <input type="checkbox"/> If not, provide full address:	Name: Position: Telephone #:				
Status:	Lot: Concession:						
Licence #:	Cemetery Name & Address:	<input type="checkbox"/> Same as cemetery address <input type="checkbox"/> If not, provide full address:	Name: Position: Telephone #:				
Status:	Lot: Concession:						
Licence #:	Cemetery Name & Address:	<input type="checkbox"/> Same as cemetery address <input type="checkbox"/> If not, provide full address:	Name: Position: Telephone #:				
Status:	Lot: Concession:						
Licence #:	Cemetery Name & Address:	<input type="checkbox"/> Same as cemetery address <input type="checkbox"/> If not, provide full address:	Name: Position: Telephone #:				
Status:	Lot: Concession:						
Licence #:	Cemetery Name & Address:	<input type="checkbox"/> Same as cemetery address <input type="checkbox"/> If not, provide full address:	Name: Position: Telephone #:				
Status:	Lot: Concession:						
Licence #:	Cemetery Name & Address:	<input type="checkbox"/> Same as cemetery address <input type="checkbox"/> If not, provide full address:	Name: Position: Telephone #:				
Status:	Lot: Concession:						
Total Sites:				Total:			