

Organization #:

Name and Mailing Address:

Form 1 (includes List of Cemetery/Crematorium/Hydrolysis Sites) & Form 2 (if applicable) must be completed and file with licence renewal payment (if applicable) to the BAO with **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 (<i>required</i>):

2. Business Structure Type (choose one only):

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Private Corporation | <input type="checkbox"/> Not For Profit Corporation | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Publicly Traded Corporation | <input type="checkbox"/> Municipal | <input type="checkbox"/> Cooperative |
| <input type="checkbox"/> Trustee/Volunteer Board | <input type="checkbox"/> Religious | |
| <input type="checkbox"/> Crown Corporation | <input type="checkbox"/> Sole Proprietorship | |

3. Does the operator sell licensed supplies and services before the time of need? Note that interment and scattering right sales are not considered as "preneed" sales. An example of a preneed sale would be the advance sale of the interment fee (opening and closing fee).

- ☐ Yes
☐ No

4. Please indicate below the total number of full body interments, cremation interments, scatterings, cremations and hydrolysis processes 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: Payment can be made by credit card, cheque, or money order payable to the **Bereavement Authority of Ontario** in the amount calculated below. A service charge applies for NSF cheques. Access to the BAO Website (https://thebao.ca/011_2017_credit_card_authorization_form_october2017/) for the payment form.

This report is for the fiscal year ____/____/20____ to ____/____/20____.
dd/mm/yyyy dd/mm/yyyy

Full body Interments	Cremation Interments	Scatterings	Crematorium Cremations	Hydrolysis Processes	Total Licence Renewal Fee
_____ (A)	_____ (B)	_____ (C)	_____ (D)	_____ (E)	<p>(Total Fee is NIL if Total Activity is less than 10)</p> <p>$(\frac{\quad}{A} + \frac{\quad}{B} + \frac{\quad}{C} + \frac{\quad}{D} + \frac{\quad}{E}) \times \\$12 = \\$\quad$</p> <p>+ \$15</p> <p>= \$____ (Total Licence Renewal Fee)</p>

5. Please list below all officers/directors/trustees for the operator and include an alternate contact. Attach a separate sheet if necessary.

	Name	Date of birth (dd/mm/yy)	Full Address	Position/Title	Phone #
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

Notice and consent as required by applicable privacy laws

The BAO is collecting the above personal information to assist in properly identifying individual stakeholders and to avoid duplication of individual records.

In order to complete or verify the information provided on Form 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, 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. 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.

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 information provided above and in the attached List of Cemetery/Crematorium/Hydrolysis Sites is true and correct and is in agreement with the records maintained by the operator.

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.

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

Please email, fax or mail (in order of preference) all forms to the BAO at the contact info below. If mailing your forms, please make a copy for your records. If you have any questions or need assistance to complete the forms, please contact us by phone or email.

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

We are updating all licensee information on our public register. Please make sure the physical site address is complete and includes a municipal street (also known as “911”) address if available. The numbers to be entered below are for the activities conducted during your entire reporting fiscal year, on a per site basis (i.e. per cemetery, crematorium or hydrolysis facility, as applicable). Attach additional sheets if required. Note re. “inactive” status: the BAO considers a cemetery to be “inactive” if it has not conducted any burial or scattering activity or sold interment/scattering rights since January 1, 1995. Inactive cemeteries are not expected to fully comply with some requirements of the legislation.

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

Organization #:		Name:						
Licence # (Site #) & 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 cremated / hydrolysed remains interments	Number of Scatterings	Number of Cremations (Crematorium only)	Number of hydrolysis processes
Licence #:	Name & Address:	<input type="checkbox"/> Same as cemetery address <input type="checkbox"/> If not, please provide full address:	Name:					
Status:	Lot: Concession:		Position: Telephone #:					
Licence #:	Name & Address:	<input type="checkbox"/> Same as cemetery address <input type="checkbox"/> If not, please provide full address:	Name:					
Status:	Lot: Concession:		Position: Telephone #:					
Licence #:	Name & Address:	<input type="checkbox"/> Same as cemetery address <input type="checkbox"/> If not, please provide full address:	Name:					
Status:	Lot: Concession:		Position: Telephone #:					
Licence #:	Name & Address:	<input type="checkbox"/> Same as cemetery address <input type="checkbox"/> If not, please provide full address:	Name:					
Status:	Lot: Concession:		Position: Telephone #:					
Licence #:	Name & Address:	<input type="checkbox"/> Same as cemetery address <input type="checkbox"/> If not, please provide full address:	Name:					
Status:	Lot: Concession:		Position: Telephone #:					
Licence #:	Name & Address:	<input type="checkbox"/> Same as cemetery address <input type="checkbox"/> If not, please provide full address:	Name:					
Status:	Lot: Concession:		Position: Telephone #:					
Total Sites:				Total:				