



Paul R. LePage, Governor
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Mary C. Mayhew, Commissioner

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Subsurface Wastewater Unit

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

- Reporting Period: Fiscal Calendar Year ending on _____
(MM/DD/YYYY)
- 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.
- Monthly totals for number of human remains processed.

Month	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Total
Number Processed													

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