



In order for your application to be processed, all required supporting documentation must be submitted with the application and required fee unless otherwise directed in the instructions.

To apply for a license as a Cemetery Manager under the provisions of the Cemetery Oversight Act, follow all steps as they are indicated below. This will aid you in accurately completing your application and eliminate delay in processing. *You must successfully complete an approved certification program within 1 year of the date of application.*

Beginning with the August 2014 renewal, every license issued under the Act shall expire on August 31 every 2 years.

A cemetery manager and customer service employee license may be in active status only during the period that such a licensee is employed by a cemetery authority that is licensed under this act.

**Licensure Fee**

The fee for Cemetery Manager is: \$25.00\*

*\*Does not include certification fee*

**Step I - Application**

1. Please type or use black pen to complete all information requested.
2. Complete all application information requested on each page of the Application for Licensure for Cemetery Managers.

**Step II - Supporting Document**

1. Authorization for Criminal Background Check form must be completed and returned with this application.  
*All individuals applying for licensure as a Cemetery Manager in Illinois must submit to a criminal background check. Please refer to the attached "Authorization for Criminal Background Check" for more information concerning this requirement.*
2. Cemetery Manager certification must be completed within one year of application.
3. Other information as requested in application.

**Step III - Fee**

Fee should be made payable to the Illinois Department of Financial and Professional Regulation in the form of a check or money order.

**Step IV - Mail Application**

Forward three-page application, supporting documentation, Authorization for Criminal Background Check and application fee payment to:

**Illinois Department of Financial and Professional Regulation**  
**ATTN: Division of Professional Regulation**  
**PO Box: 7007**  
**Springfield, IL. 62791**

**Step V - Need Assistance**

If assistance is needed, direct your request to the following telephone number: 1-800-560-6420, or TTY: 1-866-325-4949.



NAME (Last, First, MI):

**PART III: Education Information**

1. PRELIMINARY EDUCATION (Elementary and High School or G.E.D. Circle number of years completed)

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2
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4
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12

Graduated High School?  Yes  No
 Received OR G.E.D. OR H.S.E.D.?  Yes  No

2. NAME OF LAST PRELIMINARY SCHOOL ATTENDED	3. LAST PRELIMINARY SCHOOL LOCATION (City and State)	4. DATE OF GRADUATION ____ / ____ / ____ Month / Year
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**PART IV: Record of Licensure Information**

*If you have ever been licensed to practice the profession for which you are now making application, or held a related license, complete the information requested below. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must be listed here also. In addition, the INSTRUCTION SHEET enclosed with this Application package may instruct you to have Certification(s) of Licensure in other state(s) prepared and submitted in support of your application (contact other state(s) regarding possible fee). You must also list all other licenses held in Illinois, however, certification of licensure from Illinois is not required. Failure to disclose all licenses held may result in denial of your application or other appropriate action.*

STATE	PROFESSION NAME	LICENSE NUMBER	DATE OF ISSUANCE	LICENSE STATUS (Active, Lapsed, etc.)
State of Original Licensure				
State of Current Licensure where you most recently have been practicing.				
Illinois and / or other States of Licensure				

*(If additional space is needed, attach a separate sheet.)*

**PART V: Personal History Information (This part must be completed by all applicants)**

	YES	NO
1. Have you been convicted of or pled guilty or nolo contendere to any criminal offense in any state or in federal court? Please do not give details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) charges. <i>If yes, attach a personal statement describing the circumstances of the conviction and certified copies of court records of your conviction including the nature of the offense, date of discharge, and a statement from the probation or parole office. In general, a criminal conviction by itself does not usually result in denial of licensure.</i>		
2. Have you been convicted of a felony? <i>In general, a felony conviction by itself does not usually result in denial of licensure.</i>		
3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? <i>If yes, attach a copy of the certificate.</i>		
4. Do you now have any disease or condition that presently limits your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition? <i>If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.</i>		
5. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? <i>If yes, attach a detailed explanation.</i>		
6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? <i>If yes, attach a detailed explanation.</i>		

*(If additional space is needed, attach a separate sheet.)*

SSN OR ITIN:

Profession:

**PART VI: Child Support, Tax Information, and Workers' Compensation (Every applicant is required by law to respond to the following questions)**

1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. **Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.**

Are you more than 30 days delinquent in complying with a child support order?  
(NOTE: If you are not subject to a child support order, answer "no.")

Yes  No

2. In accordance with 20 ILCS 2105-15(g), "The Department shall deny any license application or renewal authorized under any licensing Act administered by the Department to any person who has failed to file a return, or to pay the tax, penalty, or interest shown in a filed return, or to pay any final assessment of tax, penalty, or interest, as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirement of any such tax Act is satisfied."

Are you delinquent in the filing of state taxes?

Yes  No

3. In accordance with 20 ILCS 2105/2105-15(g-5), "The Department shall refuse the issuance or renewal of a license to, or suspend or revoke the license of, any individual, corporation, partnership, or other business entity that has been found by the Illinois Workers' Compensation Commission or the Department of Insurance to have failed to secure workers' compensation obligations, or pay in full a fine or penalty imposed due to a failure to secure workers' compensation obligations."

Are you delinquent in complying with workers' compensation obligations?

Yes  No

**PART VII: Certification Program**

I attest that I have successfully completed or will successfully complete within one year of filing this application a certification program approved by the Department of Financial and Professional Regulation, Division of Professional Regulation.

Yes  No

If you have already completed the certification program, please provide a copy of your certificate of completion.

**PART VIII: Certifying Statement**

Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete. **I UNDERSTAND THAT FEES ARE NOT REFUNDABLE.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 65/1 et.seq. of (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

## Authorization for Criminal Background Check

SUPPORTING DOCUMENT

# BC-CEM

**APPLICANT:** *All individuals applying for licensure as a Cemetery Manager or Customer Service Employee or 25% or more authority owner in Illinois must submit to a criminal background check. Please complete the following.*

1. NAME LAST                      FIRST                      MIDDLE	2. DATE OF BIRTH ____ / ____ / ____ Month      Day      Year	3. SSN OR ITIN - - - - -
4. ADDRESS STREET, CITY, STATE, ZIP CODE	5. SELECT ONE OF THE FOLLOWING:  <input type="checkbox"/> Cemetery Manager <b>253</b> <input type="checkbox"/> Customer Service Employee <b>254</b> <input type="checkbox"/> 25% Or More Owner <b>250</b>	
6. MAIDEN OR GIVEN SURNAME		
7. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	8. RACE	

### CERTIFYING STATEMENT

Pursuant to Section 10-21 a(E)(4) of the Cemetery Oversight Act, I \_\_\_\_\_,  
authorize the Department to obtain a criminal background check not including fingerprints.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_