

# INSTRUCTION SHEET

## CEMETERY MANAGER

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.

### 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.

# APPLICATION FOR LICENSURE

## Cemetery Manager

FOR OFFICIAL USE ONLY

**IMPORTANT NOTICE:** Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is **VOLUNTARY**. However, failure to comply may result in this form not being processed.

The following materials are required to make Application for Licensure and/or Examination in Illinois:

1. Three page APPLICATION FOR LICENSURE.
2. INSTRUCTION SHEET, which gives step by step application instructions for your profession.
3. SUPPORTING DOCUMENTS, forms, and/or any other documentation you may be required to submit with your application.
4. If the name shown on your supporting documents is different from that shown on your application, you must submit **PROOF OF LEGAL NAME change** - copy of marriage license, divorce decree, affidavit or court order.

Carefully follow all steps outlined on the INSTRUCTION SHEET. In addition, note the following:

- A. Type or print legibly with black ink only.
- B. **FEES ARE NOT REFUNDABLE.**
- C. Disclosure of your U.S. social security number, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65 to obtain a license. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification.

### PART I: Application Category Information

1. PROFESSION NAME Licensed Cemetery Manager	2. PROFESSION CODE 2 5 3	3. FEE \$25.00
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B. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

<input type="checkbox"/> This is the first time I have made application for this profession in Illinois.	<input type="checkbox"/> My application for this profession had previously been denied in Illinois. I am reapplying since I have fulfilled additional requirements.
<input type="checkbox"/> I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying.	<input type="checkbox"/> I have previously made application for this profession in Illinois. However, I am now applying under new statutory language.
<input type="checkbox"/> Other: _____	

### PART II: Applicant Identifying Information--You must notify the Department of Financial and Professional Regulation - Division of Professional Regulation of any address changes after you file this application in order to receive any further information.

1. NAME LAST FIRST MIDDLE	2. TITLE (e.g., M.D., D.D.S., etc.)	3. UNITED STATES SOCIAL SECURITY NO. _____-_____-_____
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4. PERMANENT MAILING ADDRESS STREET CITY STATE/COUNTRY	ZIP CODE	COUNTY
_____-_____-_____		

5. BUSINESS / CEMETERY AUTHORITY NAME, IF ANY
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6. BUSINESS ADDRESS STREET CITY STATE/COUNTRY	ZIP CODE	COUNTY
_____-_____-_____		

7. MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED. (SEE INSTRUCTIONS #4 ABOVE)	8. MOTHER'S MAIDEN NAME
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9. PLACE OF BIRTH CITY STATE/COUNTRY	10. DATE OF BIRTH _____/_____/_____ Month Day Year	11. AGE <input type="checkbox"/> Female <input type="checkbox"/> Male
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12. TELEPHONE NUMBER WHERE YOU MAY BE REACHED Work: (_____)_____-_____-_____ (Area Code) Home: (_____)_____-_____-_____ (Area Code) Fax: (_____)_____-_____-_____ (Area Code) Fax: (_____)_____-_____-_____ (Area Code)	13. E-MAIL ADDRESS(ES) [REQUIRED]
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**PART III: Education Information**

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

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3
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10
11
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.)*

**PART VI: Child Support and/or Student Loan Information (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

**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.

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

\_\_\_\_\_  
Date

**I UNDERSTAND THAT FEES ARE NOT REFUNDABLE.** My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.

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. SOCIAL SECURITY NUMBER - - - - -
4. ADDRESS STREET, CITY, STATE, ZIP CODE	5. SELECT ONE OF THE FOLLOWING:	
6. MAIDEN OR GIVEN SURNAME	<input type="checkbox"/> Cemetery Manager	253
	<input type="checkbox"/> Customer Service Employee	254
	<input type="checkbox"/> 25% Or More Owner	250

### 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: \_\_\_\_\_