

# INSTRUCTION SHEET

## CEMETERY AUTHORITY

### Full Exempt Status

To apply for Full Exempt Status as a Cemetery Authority 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.

*Beginning in August 2016, every registration as a full exempt cemetery authority issued under the Act shall expire on August 31 every 4 years.*

#### **Step I - Application**

Please type or use black pen to complete all information requested on the Application for Full Exempt Status.

#### **Step II - Fees**

There is no fee for this application.

#### **Step III - Mail Application**

Forward application and any supporting documentation to:  
Illinois Department of Financial and Professional Regulation  
Attn: Division of Professional Regulation  
PO Box 7007  
Springfield, IL 62791

#### **Step IV - Need Assistance**

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

#### **Definitions**

"Cemetery authority" means any individual or legal entity that owns or controls cemetery lands or property.

"Family burying ground" means a cemetery in which no lots, crypts, or niches are sold to the public and in which interments, inurnments, and entombments are restricted to the immediate family or a group of individuals related to each other by blood or marriage.

"Religious burying ground" means a cemetery in which no lots, crypts, or niches are sold and in which interments, inurnments, and entombments are restricted to a group of individuals all belonging to a religious order or granted burial rights by special consideration of the religious order.

**Additional application forms can be downloaded from the IDFPR Web site at [www.idfpr.com](http://www.idfpr.com).**

# APPLICATION FOR LICENSURE OR EXEMPTION ILLINOIS CEMETERY OVERSIGHT ACT

PROFESSION NAME <b>Cemetery Authority-Full Exempt Status</b>	PROFESSION CODE <u>2</u> <u>5</u> <u>1</u>	FEE NONE
---	---	-------------

**PART I (please type or print legibly):**

BUSINESS / OPERATING NAME OF CEMETERY	NAME OF CEMETERY AUTHORITY
---------------------------------------	----------------------------

FEDERAL EMPLOYER IDENTIFICATION NUMBER (if any)

MAILING ADDRESS OF CEMETERY, IF ONE, OR CONTACT PERSON (Street & Number, City, State, County, Zip Code)

LOCATION CONTACT PERSON (full name and title)	TELEPHONE NUMBER (include Area Code) if no phone on cemetery property, phone number of contact person.
---	--

FAX NUMBER	E-MAIL ADDRESS (REQUIRED)
------------	---------------------------

SIZE OF YOUR CEMETERY IN ACRES	IF THE CEMETERY DOES NOT HAVE AN ADDRESS, PROVIDE GENERAL LOCATION
--------------------------------	--

**PART II: CEMETERY OWNERSHIP**

TYPE OF OWNERSHIP (check one)

Individual   
  Partnership   
  Corporation   
  Company-Partnership   
  Limited Liability   
  Change of Ownership   
  Other (specify) \_\_\_\_\_

**Name and contact information for each applicant, principal, owner, member, officer, or shareholder holding 25% or more corporate stock or other ownership interest (please type or print legibly):**

NAME	TITLE	% OF OWNERSHIP
------	-------	----------------

HOME ADDRESS (Street & Number, City, State, County, Zip Code)	TELEPHONE NUMBER (include Area Code)
---	--------------------------------------

BUSINESS ADDRESS (Street & Number, City, State, County, Zip Code)	TELEPHONE NUMBER (include Area Code)
---	--------------------------------------

NAME	TITLE	% OF OWNERSHIP
------	-------	----------------

HOME ADDRESS (Street & Number, City, State, County, Zip Code)	TELEPHONE NUMBER (include Area Code)
---	--------------------------------------

BUSINESS ADDRESS (Street & Number, City, State, County, Zip Code)	TELEPHONE NUMBER (include Area Code)
---	--------------------------------------

NAME	TITLE	% OF OWNERSHIP
------	-------	----------------

HOME ADDRESS (Street & Number, City, State, County, Zip Code)	TELEPHONE NUMBER (include Area Code)
---	--------------------------------------

BUSINESS ADDRESS (Street & Number, City, State, County, Zip Code)	TELEPHONE NUMBER (include Area Code)
---	--------------------------------------

NAME	TITLE	% OF OWNERSHIP
HOME ADDRESS (Street & Number, City, State, County, Zip Code)		TELEPHONE NUMBER (include Area Code)
BUSINESS ADDRESS (Street & Number, City, State, County, Zip Code)		TELEPHONE NUMBER (include Area Code)

<b>PART III (please check yes or no):</b>	<b>Yes</b>	<b>No</b>
a) Are you operating as a family or religious burial ground? <i>If No, answer b and c.</i>		
b) You have not engaged in an interment, inurnment, or entombment of human remains within 10 years preceding date of application?		
c) Is the cemetery less than 3 acres?		

**PART IV: 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 Owner, Partner, Corporate Officer, or Cemetery Authority**

\_\_\_\_\_  
**Date**