Please visit our website at www.com.ohio.gov/real

614 | 466-4100 Fax: 614 | 644-0584 TTY/TDD: 800 | 750-0750

CEMETERY

Burial Permit Fee Report

For Division Use Only						
File Number:		Fee Number:				
Date Received:			Fee Amount:			
Registration District:			Action:			
·						
Section A: Registrar/Sub-registrar Information.						
T T						
File Number: Name:						
District Number:	County:				City:	
Name of Contact Person:						Phone Number:
Email Address:						
Section B: Report Period.						
Reporting Period (e.g. 1/1/2013 – 1/31/2013):						
Section C: During the reporting period listed in Section B, please complete the following table.						
1) Numb	er of Permit Issued:					
*2) Number of Exe	mpt Permits Issued:	-				
3)	_			Total Nu	mbor of	Chargashla Parmits
3)	3)		.	Total Number of Chargeable Permits		
4)	4) x		\$2.50	Cost Per Permit		
5)	Total Amount Due:					
*This is the number of burial permits fees exempted pursuant to Ohio Health Department rules.						

Section D: Submission.

- A check or money order made payable to the Ohio Division of Real Estate in the amount stated in Section F MUST accompany this report.
- This report is to be completed on a **MONTHLY** basis, even if you have not issued any burial permits during the month.
- If multiple sub-registrar are reporting through one local registrar, please ensure that all reports are sent with the fee share check to the address below:

Ohio Division of Real Estate and Professional Licensing

77 S High St., 20th Fl. Columbus, OH 43215

THIS REPORT MAY BE REPRODUCED AS NECESSARY