Department of Commerce
Division of Real Estate & Professional Licensing
John R. Kasich, Governor
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CEMETERY

CEMETERY REGISTRATION FORM

FOR DIVISION USE ONLY	
COUNTY NUMBER	CERTIFICATE NUMBER
HEALTH DISTRICT NUMBER	REGISTRATION ISSUED
TYPE DESIGNATION	FEE NUMBER
DOCUMENT NUMBER	AMOUNT

This information is requested pursuant to Ohio Revised Code Section 4767.03 and any rules promulgated thereto. The information provided will be used for the purpose of creating and establishing a registration record file and will constitute a public record. Cemetery registration does not apply to family cemeteries, as defined in ORC Section 4767.02(C), or cemeteries in which there have been no interments during the previous twenty-five calendar years.

INSTRUCTIONS:

1. Incomplete applications will not be processed. They will be returned to you and accepted for processing when all required materials are submitted. An original signature must be included at the end of this form
2. Registration forms **must be typewritten or printed.**
3. Each section must be filled out in its entirety. Questions not applicable should be so indicated by entering "N/A".
4. A check, certified check, or money order in the appropriate amount as determined by the fee structure listed below, made payable to the **Division of Real Estate** must accompany the application. This registration fee is non-refundable. Do not send cash. All fees are required pursuant to Ohio Revised Code Chapter 4767 and the rules promulgated thereto. **No fee is required of any political subdivision (government entity).**
5. If the space provided is not adequate to supply the information requested, attach additional sheets as necessary. Complete a separate registration form for each registered cemetery.

1. NAME OF CEMETERY				
2. LEGAL CEMETERY STREET ADDRESS	CITY (TOWNSHIP)	STATE	COUNTY	ZIP CODE
3. MAILING ADDRESS (IF DIFFERENT THAN ABOVE)	CITY	STATE	COUNTY	ZIP CODE
4. NAME OF OWNER (AS SHOWN ON DEED)				
5. ADDRESS OF OWNER	CITY	STATE	COUNTY	ZIP CODE
6. EMAIL ADDRESS OF OWNER				
7. NAME OF PERSON WHO OPERATES/MAINTAINS CEMETERY				
8. ADDRESS	CITY	STATE	COUNTY	ZIP CODE

9. For each cemetery, complete the List of Persons Authorized to Sell Interment Rights Form pursuant to Ohio Revised Code Section 4767.031.
10. If the cemetery is owned by a cemetery company or association, attach a copy of the Annual Report for the previous year of all the assets and investments of the Endowment Care Trust as prepared pursuant to Section 1721.21 of the Revised Code. In addition, complete questions 1 through 5 on the opposite side of this form and affidavits required by Section 1721.21 and 1721.211 of the Revised Code. (Cemetery Endowment Care Trust affidavit and Cemetery Merchandise and Services Fund affidavit.)
11. Provide Federal Identification Number (as appropriate) _____

An Equal Opportunity Employer and Service Provider

REGISTRATION FEE STRUCTURE	***CHECK TYPE OF CEMETERY***
All cemetery owners, except for political subdivisions, shall pay the appropriate fee as listed below: One Cemetery…….$25.00 Two Cemeteries……..$40.00 Three or more Cemeteries……...$50.00 Complete a separate Cemetery Registration Form for each cemetery being registered.	Association/Corporation Church Government/Political Subdivision Religious or Benevolent Society Other______ No. of Cemetery(s)

TO BE COMPLETED IF DIRECTED BY QUESTION 10 ON CEMETERY REGISTRATION FORM

1. Year of organization or development of cemetery. _____

2. Current balance of the Endowment Care Trust. _____

3. List the name and address of either at least 3 bonded individuals <u>or</u> the trust company, national bank, or federal savings association that is the Trustee of your Endowment Care Trust.

_____

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4. Current balance of the Preneed Merchandise/Services Trust. _____

5. List the name and address of either at least 3 bonded individuals <u>or</u> the trust company, national bank, or federal savings association that is the Trustee of your Preneed Merchandise/Services Trust.

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Signature of Officer or Authorized Agent ***Phone Number*** ***Date***