



Department of Commerce

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

Jacqueline T. Williams, Director

Anne M. Petit, Superintendent

CEMETERY

CEMETERY REGISTRATION FORM

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.

FOR DIVISION USE ONLY
FILE NUMBER

Table with two columns: REGISTRATION FEE STRUCTURE and CHECK TYPE OF CEMETERY. Includes fee schedule and checkboxes for cemetery types.

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 above, 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.

Form with fields for: 1. NAME OF CEMETERY, TOWNSHIP, 2. LEGAL CEMETERY STREET ADDRESS, CITY, STATE, COUNTY, ZIP CODE, 3. NAME OF ENTITY THAT OPERATES/MAINTAINS CEMETERY, 4. MAILING ADDRESS OF OPERATOR, CITY, STATE, COUNTY, ZIP CODE, 5. EMAIL ADDRESS OF OPERATOR, PHONE NUMBER, 6. NAME OF OWNER AS SHOWN ON DEED (IF AVAILABLE)

- 6. For each cemetery, complete the List of Persons Authorized to Sell Interment Rights Form pursuant to Ohio Revised Code Section 4767.031.
7. Provide Federal Identification Number (as appropriate)

Signature of Officer or Authorized Agent

(Title)

Date

**CEMETERY REGISTRATION FORM**

***ATTACHMENT FOR  
ASSOCIATION/CORPORATION OPERATORS***

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 or the trust company, national bank, or federal savings association that is the Trustee of your Endowment Care Trust.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Current balance of the Preneed Merchandise/Services Trust if applicable. \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. 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.

7. Attach affidavits as required by Section 1721.21 and 1721.211 of the Revised Code. (Cemetery Endowment Care Trust affidavit and Cemetery Merchandise and Services Fund affidavit.)

\_\_\_\_\_  
*Signature of Officer or Authorized Agent*

\_\_\_\_\_  
*(Title)*

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