



Cemetery Registration Form

<i>This information is requested pursuant to Ohio Revised Code Section 4767.03 and any rules promulgated thereto.</i>	FOR DIVISION USE ONLY
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 separate Cemetery Registration Form for each cemetery being registered.	<input type="checkbox"/> Association/Corporation <input type="checkbox"/> Church <input type="checkbox"/> Government/Political Subdivision <input type="checkbox"/> Religious or Benevolent Society Total No. of Cemetery(s) _____

Instructions:

- 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.
- Registration forms must be typewritten or printed.**
- Each section must be filled out in its entirety. Questions not applicable should be so indicated by entering "N/A."
- 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).
- 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.
- For each cemetery, complete the List of Persons Authorized to Sell Interment Rights Form pursuant to Ohio Revised Code Section 4767.031.

Name of Cemetery		Township	
Legal Cemetery Street Address			
City	State	County	ZIP Code
Name of Entity That Operates/Maintains Cemetery		Mailing Address of Operator	
City	State	County	ZIP Code
Email Address of Operator			Phone Number
Name of Owner as Shown on Deed (If Available)			
Provide Federal Identification Number (as appropriate)		Year of most recent interment	

Signature of Officer or Authorized Agent

(Title)

Date

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 three 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 three 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 Ohio 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