



Department of Commerce

Division of Real Estate & Professional Licensing

John R. Kasich, Governor
Jacqueline T. Williams, Director

Cemetery Registration Form

Table with 2 columns: Registration Fee Structure and Check Type of Cemetery. Includes fee schedule for 1, 2, or 3+ cemeteries and checkboxes for Association/Corporation, Church, Government/Political Subdivision, and Religious or Benevolent Society.

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 6 numbered sections for cemetery information: 1. Name of Cemetery, Township; 2. City, State, County, ZIP Code; 3. Name of Entity That Operates/Maintains Cemetery; 4. City, State, County, ZIP Code; 5. Email Address of Operator, Phone Number; 6. Name of Owner as Shown on Deed (If Available)

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

Signature of Officer or Authorized Agent (Title) Date

77 South High Street
20th Floor
Columbus, Ohio 43215
Date Updated

614-466-4100
Fax 614-644-0584
TTY/TDD 800-750-0750
com.ohio.gov/real
Form Number

Anne M. Petit, Superintendent
An Equal Opportunity Employer and Service Provider

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