



CEMETERY

CHANGE APPLICATION

This form is interactive. You may, before printing, type your responses directly onto the form. Otherwise, this form must be typewritten or printed legibly in black ink.

REASON FOR COMPLETING THIS FORM (check all that apply)

- CHANGE CEMETERY ADDRESS: complete sections 1, 2, 6 and 7.
CHANGE OWNER ADDRESS: complete sections 1, 2, 6 and 7.
CHANGE CONTACT INFORMATION: complete sections 1, 2, 5 and 6.
CONTACT NAME CHANGE: CHOOSE ONE: TOWNSHIP TRUSTEE: complete sections 1 through 5
FISCAL OFFICER: complete sections 1 through 4 and 6
OTHER: complete sections 1 through 4 and 6
3-YEAR OWNER/OPERATOR CONTACT INFORMATION UPDATE: complete all sections

Form with sections: 1. OWNER'S FILE NUMBER, 2. CEMETERY'S FILE NUMBER, 3. NAME CHANGE, 4. NAME CHANGE, 5. EMAIL ADDRESS, 6. CONTACT NUMBERS, 7. NEW MAILING ADDRESS. Includes fields for file numbers, first/middle/last names, titles, phone/fax numbers, and street/city/county/state/zip code.

SIGNATURE OF AUTHORIZED AGENT

DATE