

Cemetery Care & Burial Trust Division 100 W. Randolph St., Suite 15-500 Chicago, Illinois 60601 312/814-2451 FAX: 312/814-3117

REGISTRATION STATEMENT

Illinois Cemetery Care Act (760 ILCS 100/1 et seq.)

Every cemetery authority shall register with the Office of the Comptroller on forms furnished by the Office.

Definitions to be used by the Registrant in making this Registration Statement:

Family Burying Ground: A cemetery in which no lots are sold to the public and in which interments are restricted to a group of persons related to each other by blood or marriage.

Fraternal Cemetery: A cemetery owned, operated, controlled or managed by any fraternal organization or auxiliary organizations thereof, in which the sale of lots, graves, crypts or niches is restricted principally to its members.

Municipal Cemetery: A cemetery owned, operated, controlled or managed by any city, village, incorporated town, township, county or other municipal corporation, political subdivision or instrumentality thereof, authorized by law to own, operate or manage a cemetery.

State or Federal Cemetery: A cemetery owned, operated, controlled or managed by any state or the federal government or any political subdivision or instrumentality thereof.

Religious Cemetery: A cemetery owned, operated, controlled or managed by any recognized church, religious society, association or denomination, or by any cemetery authority or any corporation administering, or through which is administered, the temporalities of any recognized church, religious society, association or denomination.

Privately Operated Cemetery: Any entity that offers interment rights, entombment rights or inurnment rights, other than a Fraternal, Municipal, State, Federal or Religious cemetery or a family burying ground.

Cemetery Authority: Any person, firm, corporation, trustee, partnership, association or municipality owning, operating, controlling or managing a cemetery or holding lands for burial grounds or burial purposes in this State.

Care: The maintenance of a cemetery and of the lots, graves, crypts, niches, family mausoleums, memorials, and markers therein; including: (i) the cutting and trimming of lawn, shrubs and trees at reasonable intervals; (ii) keeping in repair the drains, water lines, roads, buildings, fences and other structures in keeping with a well maintained cemetery; (iii) maintenance of machinery, tools and equipment for such care; (iv) compensation of employees, payment of insurance premiums and reasonable payments for employees pension and other benefit plans; and (v) to the extent surplus income from the care funds is available, the payment of overhead expenses necessary for such purposes and for maintaining necessary records of lot ownership, transfers and burials.

Care Funds: Any realty or personalty impressed with a trust by the terms of any gift, grant, contribution, payment, legacy or pursuant to contract, accepted by any cemetery authority owning, operating, controlling or managing a privately operated cemetery, or by any trustee or licensee, agent or custodian for the same, under Section 3 of this Act, and the amounts set aside under Section 4 of this Act, and any income accumulated therefrom, where legally so directed by the terms of the transaction by which the principal was established (as distinguished from receipts from annual charges or gifts for current or annual care).

1.	Name of Cemetery					
2.	Cemetery Location Address_	Street & Number	City	Country	Zin Cada	
3.	Name of Owner			County	Zip Code	
1 .	Business Address of Owner_					
).	Type of Cemetery (check one)		City	County	Zip Code	
	A Family Burying Gro	ound F.		y Operated Ceme		
	B Fraternal Cemetery		does not accept care funds. Privately Operated Cemetery that			
	C Municipal Cemetery D State/Federal Cemetery		Privately Operated Cemetery that accepts care funds. If you check			
	E Religious Cemetery		this, you must also apply for a			
			license under the Cemetery Care Act.			
at d are he C affid the	ly Burying Ground, Fraternal, Murdo not accept care funds, are elig Act. If exemption from the licer Charter and By-Laws certified blavits; a copy of the Articles of a documents or other information. The Office of the Comptro	ible to apply for an exnising provisions of the corporate Sec Association, referent on indicating the Ce	temption from the the Act is clain retary; a copy aces to statutes metery to be the	ne licensing provisioned then you mu of the Partnersh or ordinances; the type of Cemet	sions of the Ceme st submit: a cop ip Agreement, a copy of a deed tery eligible for	
no	exemption is claimed, then	a license must be	obtained from	n the Office of	the Comptrolle	
6.	Type of Ownership (check one					
	Individual	Fraternity	C	ounty		
	Partnership Corporation	Township Village	5	tate ederal		
	Association	Municipality		ther		
7.	Name and Resident Address required of each owner, partner, director, trustee and officer or each boarmember of an association.* (use additional sheets if necessary)					
	Name		Title			
	Home Address					
	Street & Number Social Security Number		County	Zip Code Telephone(1	
	Social Security Number	Date of	Dii (ii//	relephone(/	
	Name		Title_			
	Home Address	City	·····			
	Street & Number Social Security Number	City - Date of	County Rirth / /	Zip Code Telephone/	1	
	·			. ,	•	
	Name		Title			
	Home AddressStreet & Number	City	County	Zin Code		
	Social Security Number	Date of	Birth/	Telephone()	
	Name		Title			
	Home Address					
	Street & Number	City			_	
	Social Security Number	Date of	ותח	i eiepnone(
3.	Date of Incorporation, if applicable					

Enclose the registration fee in the form of a check, draft or money order in the sum of five dollars (\$5.00) for each cemetery authority. The check should be made payable to: "Comptroller, State of Illinois."

State of Illinois County of							
, do solemnly swear that the foregoing answers and statement							
have been knowingly made by me and the same	e are true. Given under my har	nd this day of					
·							
Name of Applicant	Signature	Title					
Tame or ppresent	e.ga.c.						
Subscribed and sworn to before me in County, in the State of Illinois							
by the said who personally appeared before me in the aforesaid							
County and State, this day of	Notary Seal						
Notary Public	My commission expires						

^{*}Privacy Policy: To receive and use this form you need to provide us with your Social Security number. We collect this and other personally identifiable information (e.g. name, address, Social Security number) only if specifically and knowingly provided by you. Personally identifying information will only be used by this office to ensure the proper application of the Illinois Cemetery Care Act (760 ILCS 100/1, et seq.). We do not give, sell or transfer this information to third parties uninvolved with the administration of the Illinois Cemetery Care Act (760 ILCS 100/1, et seq.). The Illinois Administrative Procedure Act provides authority for capture of this information (5 ILCS 100/10-65).