



Cemetery Care & Burial Trust Division
100 W. Randolph St., Suite 15-500
Chicago, Illinois 60601
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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
County
Zip Code
3. Name of Owner _____
4. Business Address of Owner _____
Street & Number
City
County
Zip Code
5. Type of Cemetery (check one)

A. _____ Family Burying Ground B. _____ Fraternal Cemetery C. _____ Municipal Cemetery D. _____ State/Federal Cemetery E. _____ Religious Cemetery	F. _____ Privately Operated Cemetery that does not accept care funds. G. _____ Privately Operated Cemetery that accepts care funds. If you check this, you must also apply for a license under the Cemetery Care Act.
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Family Burying Ground, Fraternal, Municipal, State, Federal, Religious in addition to Privately Operated cemeteries that do **not** accept care funds, are eligible to apply for an exemption from the licensing provisions of the Cemetery Care Act. **If exemption from the licensing provisions of the Act is claimed then you must submit: a copy of the Charter and By-Laws certified by the Corporate Secretary; a copy of the Partnership Agreement, Affidavits; a copy of the Articles of Association, references to statutes or ordinances; a copy of a deed or other documents or other information indicating the Cemetery to be the type of Cemetery eligible for exemption.** The Office of the Comptroller will advise you of its decision on your application for exempt status.

If no exemption is claimed, then a license must be obtained from the Office of the Comptroller.

6. Type of Ownership (check one)

Individual _____	Fraternity _____	County _____
Partnership _____	Township _____	State _____
Corporation _____	Village _____	Federal _____
Association _____	Municipality _____	Other _____
7. Name and Resident Address required of each owner, partner, director, trustee and officer **or** each board member of an association.* (use additional sheets if necessary)

Name _____ Title _____

Home Address _____
Street & Number
City
County
Zip Code

Social Security Number _____ - _____ - _____ Date of Birth ____/____/____ Telephone(____) _____

Name _____ Title _____

Home Address _____
Street & Number
City
County
Zip Code

Social Security Number _____ - _____ - _____ Date of Birth ____/____/____ Telephone(____) _____

Name _____ Title _____

Home Address _____
Street & Number
City
County
Zip Code

Social Security Number _____ - _____ - _____ Date of Birth ____/____/____ Telephone(____) _____

Name _____ Title _____

Home Address _____
Street & Number
City
County
Zip Code

Social Security Number _____ - _____ - _____ Date of Birth ____/____/____ Telephone(____) _____
8. Date of Incorporation, if applicable _____

