

Louisiana Cemetery Board
3445 N. Causeway Blvd., Suite 509
Metairie, LA 70002
Telephone (504)838-5267 – Toll Free 1-866-488-5267 - Fax (504)838-5289
Website: www.lcb.state.la.us

**Application for Certificate of Authority for
Publicly Owned Cemeteries**

Pursuant to R.S. 8:70)

1. Name of Governing Authority: _____
2. Mailing Address of Governing Authority: _____
City: _____ Parish: _____ State: _____ Zip Code: _____
3. D/B/A or Trade Name of Cemetery: _____
4. Physical Address of Cemetery: _____
City: _____ Parish: _____ State: _____ Zip Code: _____
5. Mailing Address of Cemetery: _____
City: _____ Parish: _____ State: _____ Zip Code: _____
6. Telephone Number of Cemetery: _____ Fax Number of Cemetery: _____
E-mail address of Cemetery: _____
7. Name, title, address, and telephone number of person completing this form to whom information or correspondence regarding this application should be directed: _____

8. Please provide the following information:
 - a) Total acreage of cemetery: _____
 - b) Acres developed: _____
 - c) Acres undeveloped: _____
9. Was the *Cemetery* named above in existence and operating on July 31, 1974? YES _____ NO _____
10. Is the *Governing Authority* named above currently, or has it in the past operated one or more cemeteries in Louisiana?
YES: _____ NO: _____ If YES, list each below: (*attach additional sheets, if necessary*)

Name of Cemetery: _____
Address: _____
City: _____ Parish: _____ State: _____ Zip Code: _____

Name of Cemetery: _____
Address: _____
City: _____ Parish: _____ State: _____ Zip Code: _____
11. Will the cemetery be or has it been operated as a perpetual or endowed care cemetery? YES: _____ NO: _____
12.
 - a) Will the cemetery sell or has it sold cemetery related merchandise, such as, burial vaults, grave liners, urns, memorials, vases, foundations, memorial bases and similar merchandise *pre-need*? YES: _____ NO: _____
 - b) If your answer to 12a is "YES" will you deliver or store all merchandise within one hundred twenty (120) days of entering into the contract for the sale of such merchandise? YES: _____ NO: _____
 - c) If your answer to 12b is "YES" will you store *pre-need* merchandise at the cemetery or with a supplier? Cemetery _____ Supplier _____ If you are storing *pre-need* merchandise with a Supplier(s), please provide name and address of Supplier(s): (*attach additional sheets, if necessary*) _____

 - d) If your answer to 12b is "NO" have you established a Merchandise Trust Fund? YES: _____ NO: _____
13.
 - a) Will the cemetery sell or has it sold cemetery related services commonly sold and used in cemeteries, such as, openings and closings, and memorial installation fees *pre-need*? YES: _____ NO: _____
 - b) If your answer to 13a is "YES" have you established a Merchandise Trust Fund? YES: _____ NO: _____

(All merchandise and services not delivered or stored within 120 days after entering into such contract must be trusted, including those contracts that are financed.)

14. If the answer to 12d or 13b is "YES" please provide the following regarding the Merchandise Trust Fund:
 a) Has the applicant complied with the requirements of R.S. 8:501-511, inclusively? YES: _____ NO: _____
 b) If "NO" explain: _____
 c) Proposed rate of contributions: _____
 d) Name and address of Trustee: _____

15. a) Will the cemetery contract the services of a Cemetery Sales or Cemetery Management Organization?
 YES: _____ NO: _____
 b) If your answer to 15a is "YES" please provide the name and address of each Cemetery Sales or Cemetery Management Organization: (attached additional sheets, if necessary) _____

16. List the following information for the mayor, councilmen/aldermen, members of a police jury, or members of a cemetery board or commission established for the purpose of operating and/or managing the cemetery:
(Attach additional sheets, if necessary)
- Name: _____ Title or position: _____
 Business Address: _____
 City: _____ Parish: _____ State: _____ Zip Code: _____
- Name: _____ Title or position: _____
 Business Address: _____
 City: _____ Parish: _____ State: _____ Zip Code: _____
- Name: _____ Title or position: _____
 Business Address: _____
 City: _____ Parish: _____ State: _____ Zip Code: _____
17. Has the *Governing Authority* had a license, registration or the equivalent, to practice any profession or occupation, or to engage in, operate or conduct any business, denied, revoked, suspended, or otherwise acted against?
 YES: _____ NO: _____

IMPORTANT: IF THE ANSWER TO QUESTION 17 IS "YES" ATTACH A COPY OF ALLEGATIONS AND FINAL DISPOSITION OF THE CASE(S).

CERTIFICATION

Application is hereby made for a license, as provided for in R.S. 8:70 to engage in the business of a cemetery. I/We hereby affirm that the information contained herein is true and correct and as elected or appointed officials of the governmental entity, place the full faith and credit of the governmental entity behind the cemetery. ***This application must be executed by the mayor and councilmen/aldermen, members of a police jury, or members of a cemetery board or commission established for the purposes of operating and/or managing a publicly owned cemetery.***

SWORN TO AND SUBSCRIBED before me this

_____ day of _____ 20_____.

Name of Governing Authority

Signature/Title

NOTARY PUBLIC

Print name of Notary: _____

Notary number: _____

My Commission Expires: _____

Signature/Title

Signature/Title

PLEASE RETURN THIS FORM TO:
Louisiana Cemetery Board
3445 N. Causeway Blvd., Suite 509
Metairie, LA 70002