



11. Does the *Applicant* understand and acknowledge that its officers and directors must serve on a voluntary basis and without compensation for their services? YES: \_\_\_\_\_ NO: \_\_\_\_\_
12. Does the *Applicant* understand and acknowledge that its officers and directors must have ancestors buried within the abandoned cemetery for which the license is being applied? YES: \_\_\_\_\_ NO: \_\_\_\_\_
13. Please provide the following information:
  - a) Total acreage of cemetery: \_\_\_\_\_
  - b) Acres developed: \_\_\_\_\_
  - c) Acres undeveloped: \_\_\_\_\_
14. Has the *Applicant* identified unoccupied grave spaces available in the cemetery which they intend to sell? YES: \_\_\_\_\_ NO: \_\_\_\_\_ If YES, number of spaces available for sale: \_\_\_\_\_.
15. Will the cemetery be or has it been operated as a perpetual or endowed care cemetery? YES: \_\_\_\_\_ NO: \_\_\_\_\_
  - a) If YES, proposed rate of future contributions: \_\_\_\_\_
  - b) Name and address of Trustee: \_\_\_\_\_  
\_\_\_\_\_
16. Will the cemetery sell cemetery related merchandise and services, such as, burial vaults, grave liners, urns, memorials, vases, foundations, memorial bases and openings and closings? YES: \_\_\_\_\_ NO: \_\_\_\_\_
  - a) If YES, will you deliver all merchandise and services within one hundred twenty (120) days after entering into said contract(s)? YES: \_\_\_\_\_ NO: \_\_\_\_\_
17. Does the *Applicant* understand and acknowledge that all excess funds realized by the nonprofit shall be deposited into a trust account and said funds may be used only for the maintenance and upkeep of the cemetery and its records? YES: \_\_\_\_\_ NO: \_\_\_\_\_
18. Does the *Applicant* understand and acknowledge that it is prohibited from destroying or removing any original grave, grave structure, or grave markers from the premises of the cemetery without obtaining the permission required by La. R.S. 8:659? YES: \_\_\_\_\_ NO: \_\_\_\_\_
19. Does the *Applicant* understand and acknowledge that it must operate the cemetery in conformity with all applicable provisions of Title 8 and the Rules and Regulations of the Board? YES: \_\_\_\_\_ NO: \_\_\_\_\_
20. Please indicate below what, if any, historical cemetery documentation the *Applicant* has in its possession: *(Check all that apply and contact the Board to determine what, if any, of these documents should be submitted with this application.)*  
 Cemetery Rules & Regulations \_\_\_\_\_, Interment Logs \_\_\_\_\_, Ownership Logs \_\_\_\_\_, Maps/Plats \_\_\_\_\_, Trust Records \_\_\_\_\_, Accounting Records \_\_\_\_\_, or Other \_\_\_\_\_ *(specify)*.
21. Has the *Applicant* been the subject of a criminal prosecution or governmental enforcement action in any jurisdiction? YES: \_\_\_\_\_ NO: \_\_\_\_\_
  - a) If YES, explain nature, status and resolution, if resolved. \_\_\_\_\_  
\_\_\_\_\_
22. Has the *Applicant* 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: FOR EVERY "YES" ANSWER TO QUESTIONS 21 & 22 ABOVE, ATTACH DETAILS AND PROVIDE COPY OF ALLEGATIONS - AND PROVIDE DOCUMENTATION OF THE FINAL DISPOSITION OF THE CASE(S).**

**CERTIFICATION**

Application is hereby made for a license, as provided for in R.S. 8:411 et seq., to engage in the business of an Abandoned Cemetery Sales and Management licensee. I/We hereby affirm that the information contained herein is true and correct and acknowledge that any misstatement may cause the Louisiana Cemetery Board to initiate proceedings against the licensee and agree that the Louisiana Cemetery Board may institute a background check of the Applicant and its officers, directors, and any other person or entity included in this application. ***This application must be executed by a majority of the officers, directors, of the Applicant if.***

SWORN TO AND SUBSCRIBED before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
*NOTARY PUBLIC*

Print name of Notary: \_\_\_\_\_

Notary number: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

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