



**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

**CONVERSION QUESTIONNAIRE**  
**(Changing from a Corporation to an LLC)**

1. Name of *Converting Corporation*: \_\_\_\_\_
2. Name of *Converted Entity - LLC*: \_\_\_\_\_
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 of person submitting this Questionnaire on behalf of Cemetery Authority: \_\_\_\_\_  
Title: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
E-mail address: \_\_\_\_\_
8. For the **Converting Corporation** list the following information for each principal stockholder (owning 10% or more), and each officer, director, general manager etc.:  
Name: \_\_\_\_\_  
Title or position: \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title or position: \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title or position: \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title or position: \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title or position: \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title or position: \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_

**(OVER)**

9. For the **Converted Entity - LLC** list the following information for each member (owning 10% or more), and each manager etc.:

Name: \_\_\_\_\_

Title or position: \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_

Name: \_\_\_\_\_

Title or position: \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_

Name: \_\_\_\_\_

Title or position: \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_

Name: \_\_\_\_\_

Title or position: \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_

Name: \_\_\_\_\_

Title or position: \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_

Name: \_\_\_\_\_

Title or position: \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_

**CERTIFICATION**

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 proceeding against the licensee. ***Each member, owning 10% or more, must execute this questionnaire.***

SWORN TO AND SUBSCRIBED before me this

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

\_\_\_\_\_  
Name of Cemetery Authority – Limited Liability Company

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

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

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

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

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

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

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

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

**PLEASE RETURN THIS FORM TO:  
Louisiana Cemetery Board  
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