

**Louisiana Cemetery Board**  
3445 N. Causeway Blvd., Suite 700  
Metairie, LA 70002-3758  
Telephone (504)838-5267 – Toll Free 1-866-488-5267 - Fax (504)838-5289  
Website: [www.lcb.state.la.us](http://www.lcb.state.la.us)

**Application for EXEMPT Certificate of Authority**  
(Exempt pursuant to R.S. 8:78)

1. Name of Applicant: \_\_\_\_\_
2. Mailing Address of Applicant: \_\_\_\_\_  
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. Please provide the following information:
  - a) Total acreage of cemetery: \_\_\_\_\_
  - b) Acres developed: \_\_\_\_\_
  - c) Acres undeveloped: \_\_\_\_\_
8. Was the *Applicant* named above in existence and operating on July 31, 1974? YES: \_\_\_\_\_ NO: \_\_\_\_\_
9. Is the *Applicant* name above an Individual \_\_\_\_\_, Partnership \_\_\_\_\_, Association \_\_\_\_\_, Trust \_\_\_\_\_, Corporation \_\_\_\_\_ Limited Liability Company \_\_\_\_\_, or Other \_\_\_\_\_ (*specify*). (*Check one*)
10. If a Corporation or Limited Liability Company:
  - a) In what state organized? \_\_\_\_\_
  - b) If other than Louisiana, are you authorized by the Secretary of State to do business in Louisiana?  
YES: \_\_\_\_\_ NO: \_\_\_\_\_
  - c) Name and address of Registered Agent for Service of Process: \_\_\_\_\_  
\_\_\_\_\_
11. Will the cemetery be or has it been operated as a perpetual or endowed care cemetery? YES: \_\_\_\_\_ NO: \_\_\_\_\_
  - a) If YES, has the applicant complied with the requirements of R.S. 8:451-467, inclusively? YES: \_\_\_\_\_ NO: \_\_\_\_\_
  - b) In "NO" explain: \_\_\_\_\_
  - c) Amount of initial deposit to fund, if required: \_\_\_\_\_
  - d) Proposed rate of future contributions: \_\_\_\_\_
  - e) Name and address of Trustee: \_\_\_\_\_  
\_\_\_\_\_
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: \_\_\_\_\_
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15. List the following information for each owner, partner, stockholder, and/or member (owning 10% or more), officer, director, LLC manager, general manager etc.: (attach additional sheets, if necessary)
- 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: \_\_\_\_\_
16. Has the *Applicant* had a license, registration or the equivalent, to practice any profession or occupation, or engage in, operate or conduct any business, denied, revoked, suspended, or otherwise acted against? YES: \_\_\_\_\_ NO: \_\_\_\_\_  
 \_\_\_\_\_ If "YES" please provide details on a separate sheet.

**CERTIFICATION**

I/We hereby affirm that the information contained herein is true and correct. ***This application must be executed by each owner, partner, stockholder, and/or member, owning 10% or more, or a majority of the officers, directors, and/or LLC managers, if the Applicant is an association, non-profit corporation, or non-profit LLC.***

SWORN TO AND SUBSCRIBED before me this

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

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

\_\_\_\_\_  
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  
3445 N. Causeway Blvd., Suite 700  
Metairie, LA 70002