

# Louisiana Cemetery Board

3445 N. Causeway Blvd., Suite 509

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 Family Burial Ground

(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. Was the cemetery named above in existence and operating on July 31, 1974? YES: \_\_\_\_\_ NO: \_\_\_\_\_
6. List the name, business address and residence address of each owner and one additional family member(s).  
**(Attach additional sheets, if necessary)**

Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_  
City: \_\_\_\_\_ Parish: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ Parish: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home telephone: \_\_\_\_\_ Business telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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Residence Address: \_\_\_\_\_  
City: \_\_\_\_\_ Parish: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ Parish: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home telephone: \_\_\_\_\_ Business telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_  
City: \_\_\_\_\_ Parish: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ Parish: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home telephone: \_\_\_\_\_ Business telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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### CERTIFICATION

We hereby affirm that the information contained herein is true and correct. ***This application must be executed by the person(s) named in six (6) above.***

SWORN TO AND SUBSCRIBED before me this

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

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

\_\_\_\_\_  
Owner's Signature

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

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

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

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

\_\_\_\_\_  
Additional Family Member's Signature/Relationship

PLEASE RETURN THIS FORM TO:  
**Louisiana Cemetery Board**  
3445 N. Causeway Blvd., Suite 509  
Metairie, LA 70002-3758