



STATE BOARD OF CEMETERIANS C/O  
 SECURITIES AND BUSINESS REGULATION  
 2 Martin Luther King, Jr. Drive, S.E.  
 Ste 802, West Tower  
 Atlanta, Georgia 30334  
 (404) 656-3920  
<http://www.sos.state.ga.us/securities/>

Brian P. Kemp  
 Secretary of State

Robert D. Terry  
 Division Director

APPLICATION FOR REGISTRATION  
 GEORGIA CEMETERY AND FUNERAL SERVICES ACT OF 2000  
 (O.C.G.A 10-14-1 ET SEQ.)

<b>A. TYPE APPLICATION AND FEES</b>			
Check type of application and enclose appropriate fee. (Payable to State Board of Cemeterians)			
<input type="checkbox"/>	Perpetual Care Cemetery Only	Original \$100	
<input type="checkbox"/>	Perpetual Care Cemetery and Preneed Dealer	Original \$350	
<input type="checkbox"/>	Amendment only	No Fee Required	
<b>B. GENERAL INFORMATION</b>			
Name of Applicant (i.e. Corporate Owner, LLC or Individual ownership)			
Address		City/County	State
Mailing Address		City/County	State
Telephone Number for applicant's principal business location in Georgia		Telephone Number at Cemetery	
Name of Cemetery		Location of Cemetery	
City	County	State	Zip Code
Mailing address of Cemetery			
City	County	State	Zip Code
Location of all records of applicant which relate to cemetery: (Attach additional sheets as necessary)			
Address of records		City/County	State
Person to contact about application:		Contact Phone Number:	
<b>C. OWNERSHIP</b>			
Date present owner(s) took control: <input type="text"/>			
If applicant is a CORPORATION, attach list of officers, registered agent, and address and telephone numbers of each. If applicant is a PARTNERSHIP, attach list of general partners along with address and telephone numbers of each.			
If applicant is OTHER ENTITY, attach list of individuals of similar authority along with address and telephone numbers and indicate type of entity.			

## D. PRENEED DEALER INFORMATION

Provide the following information for each location where  
preneed business is conducted in Georgia.  
Attach additional sheets as necessary

Business location of Preneed Dealer if different from applicant		Phone Number	
City	County	State	Zip Code
Mailing Address of Preneed Dealer if different from applicant		Phone Number	
Address	City/County	State	Zip Code
Trade Name associated with each location			
Location of all records of applicant which relate to preneed sales in Georgia. Attach additional sheets as necessary			
Business address if different from applicant			
City	County	State	Zip Code

## E. PERPETUAL CARE TRUST FUND

**To be completed by ALL cemeteries offering perpetual or endowment care**

Name of Trustee (attach list if more than one)		Phone Number	
Address	City/County	State	Zip Code
Depository	Contact Person	Phone Number	
Account Name	Account Number		
Address	City/County	State	Zip Code

## F. PRENEED ESCROW ACCOUNT

Name of Escrow Agent		Phone Number	
Address	City/County	State	Zip Code

### DEPOSITORY SECTION

If preneed accounts are maintained individually in each customer's name,  
provide only the name and location of each depository institution where those accounts are maintained.  
Otherwise, provide all information requested below for each depository institution.

Depository	Contact Person	Phone Number	
Account Name	Account Number		
Address	City/County	State	Zip Code

## G. THE FOLLOWING DOCUMENTS MUST BE FILED OR ON FILE WITH THE OFFICE OF SECRETARY OF STATE

	Attached	On File	N/A
1. A list with the <u>name and address of each person who owns 10% or more of any class of ownership interest in the applicant and the percentage of such interest</u>			
2. Certified copy of a certificate of existence or certificate of authority issued in accordance with code section 14-2-128, if applicant is a corporation, and any amendments to such documents or any substantially equivalent documents			
3. Executed Partnership agreement			
4. By Laws			
5. Two copies of Cemetery Price List and Cemetery Rules and Regulations with postage paid self addressed envelope enclosed			
6. A description of any judgment or pending litigation to which the applicant or any affiliate of the applicant is a party and which involves the operation of the cemetery or the preneed business in Georgia or which could materially affect the business or assets of the applicant			
7. Whether the applicant or any affiliate of the applicant owns any other entities in Georgia regulated by this chapter and, if so, the location, mailing address, telephone number, and type of registration of such other entities			
8. Consent to service of process (Corporate or Individual)			
9. Director's resolution authorizing consent to service of process (if a Corporation)			
10. A balance sheet of the applicant for the end of the most recent fiscal year and in no event dated more than 15 months prior to the date of filing			
11. Copy of cemetery sales contract			
12. Proof of initial \$10,000 deposit into perpetual care account			
13. Provide information as to applicant's experience in cemetery industry			
14. Certified copy of plat of cemetery property with name of cemetery on said plat and total acreage dedicated for cemetery use			
15. Certified copy of deed or other evidence of title to cemetery property in accordance with O.C.G.A. 10-14-4 (b)(1)(K)			
16. Certified copy of notice regarding encumbrance if separate instrument and not on deed in accordance with O.C.G.A. 10-14-4 (b)(1)(L)			
17. A list of each individual employed, appointed, or authorized by the applicant to offer for sale or to sell any grave lots, burial rights, burial or funeral merchandise, or burial services on behalf of the applicant			

## H. BACKGROUND INFORMATION

All yes answers to the following questions must be fully explained as an attachment.  
Each explanation should be referenced to a specific question number.

	Yes	No
1. Has the applicant, individual owner, partner, corporate owner, or person who owns controlling interest of the corporate owner, ever been adjudicated civilly or criminally, to have committed fraud or to have violated any law of trade or business practices?		
2. Has the applicant, individual owner, partner, corporate owner, or person who owns controlling interest of the corporate owner, been convicted of a misdemeanor of which fraud is an essential element or which involves any aspect of the funeral or cemetery business?		
3. Has the applicant, individual owner, partner, corporate owner, or person who owns controlling interest of the corporate owner, ever been convicted of a felony?		
4. Has the applicant, individual owner, partner, corporate owner, or person who owns controlling interest of the corporate owner, engaged in any unethical or dishonest practices in the funeral or cemetery business?		
5. Has the applicant, individual owner, partner, corporate owner, or person who owns controlling interest of the corporate owner, been permanently or temporarily enjoined, suspended, or barred by any court of competent jurisdiction or by any state or other jurisdiction from engaging in or continuing any conduct or practice involving any aspect of the funeral or cemetery business?		
6. Is the applicant, individual owner, partner, corporate owner, or person who owns controlling interest of the corporate owner, currently insolvent or the debtor in any petition currently pending pursuant to any chapter of the United States Bankruptcy Code?		

I hereby certify that the information contained in this application and the supporting documents attached hereto are true and correct to the best of my knowledge and belief.

Signature:

Print Name:

Title (General Partner, President, or other Executive Officer):

Notary Public:

My Commission Expires:



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**I. CRIMINAL HISTORY BACKGROUND AUTHORIZATION**

Attach additional sheets if necessary.  
 The applicant must provide the following information on each person who owns  
 controlling interest of the applicant, or preneed dealer.  
 Make additional copies of this form as needed.  
 (Please type or print)

Name:		
Title:		
Address:		
City:	State:	Zip Code:
Date of Birth:	Social Security Number:	

The person named above authorizes  
 the Office of Secretary of State  
 to conduct a criminal history background.

This	Day of	200
Signature:		
Notary Public:	My Commission Expires:	