

**Louisiana Cemetery Board**  
**3445 N. Causeway Blvd., Suite 700**  
**Metairie, LA 70002-3758**  
**Telephone (504)838-5267 -- Fax (504)838-5289**

**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 \_\_\_\_\_, or Other \_\_\_\_\_ (*specify*). (*Check one*)
10. If a Corporation:
  - a) In what state incorporated? \_\_\_\_\_
  - 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 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: \_\_\_\_\_
  - d) Proposed rate of future contributions: \_\_\_\_\_
  - e) Name and address of Trustee: \_\_\_\_\_  
\_\_\_\_\_
12. a) Will the cemetery sell 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 all merchandise within one hundred twenty (120) days after receipt of final payment on contract? 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) Do you sell 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:\_\_\_\_\_
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: \_\_\_\_\_
15. List the following information for each owner, partner, principal stockholder (owning 10% or more), officer, director, 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, and principal stockholder, owning 10% or more, or a majority of the officers and directors if the Applicant is an association or non-profit corporation.*

SWORN TO AND SUBSCRIBED before me this

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

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

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

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

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

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

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

**PLEASE RETURN THIS FORM TO:**  
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