

**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  
Website: [www.lcb.state.la.us](http://www.lcb.state.la.us)

**Application for Certificate of Authority**

(Pursuant to R.S. 8:70)

1. Name of Cemetery Authority: \_\_\_\_\_  
(Corporation or Limited Liability Company)
2. Mailing Address of Cemetery Authority: \_\_\_\_\_  
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. Name, title, address, and telephone number of person completing this form to whom information or correspondence regarding this application should be directed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Please provide the following information:
  - a) Total acreage of cemetery: \_\_\_\_\_
  - b) Acres developed: \_\_\_\_\_
  - c) Acres undeveloped: \_\_\_\_\_
9. Was the *Cemetery Authority* named above in existence and operating on July 31, 1974? YES: \_\_\_\_\_ NO: \_\_\_\_\_
10. Is the *Cemetery Authority* named above an individual \_\_\_\_\_, Partnership \_\_\_\_\_, Association \_\_\_\_\_, Trust \_\_\_\_\_, Corporation \_\_\_\_\_, Limited Liability Company \_\_\_\_\_, or Other \_\_\_\_\_ (specify).  
(Check one)
11. 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) Is the cemetery authority publicly-traded? YES: \_\_\_\_\_ NO: \_\_\_\_\_
  - d) Name and address of Registered Agent for Service of Process: \_\_\_\_\_  
\_\_\_\_\_
12. Is the *Cemetery Authority* named above currently, or has it in the past operated one or more cemeteries in any state other than Louisiana? YES: \_\_\_\_\_ NO: \_\_\_\_\_ If YES, list each below: (attach additional sheets, if necessary)  
  
Name of Cemetery: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
  
Name of Cemetery: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
  
Name of Cemetery: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

13. 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: \_\_\_\_\_

14. 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 14a 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 14a 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 14b is "NO" have you established a Merchandise Trust Fund? YES: \_\_\_\_\_ NO: \_\_\_\_\_

15. 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 15a 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.)*

16. If the answer to 14d or 15b 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: \_\_\_\_\_

17. a) Will the cemetery contract the services of a Cemetery Sales or Cemetery Management Organization? YES: \_\_\_\_\_ NO: \_\_\_\_\_
- b) If your answer to 17a is "YES" please provide the name and address of each Cemetery Sales or Cemetery Management Organization: *(attached additional sheets, if necessary)* \_\_\_\_\_

18. 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: \_\_\_\_\_

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

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

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

19. Has the *Cemetery Authority* been the subject of a criminal prosecution or governmental enforcement action in any jurisdiction? YES: \_\_\_\_\_ NO: \_\_\_\_\_  
 a) If YES, explain nature, status and resolution, if resolved. \_\_\_\_\_
- 
20. Has the *Cemetery Authority* had a license, registration or the equivalent, to practice any profession or occupation, or to engage in, operate or conduct any business, denied, revoked, suspended, or otherwise acted against?  
 YES: \_\_\_\_\_ NO: \_\_\_\_\_

**IMPORTANT: FOR EVERY "YES" ANSWER TO QUESTIONS 19 & 20 ABOVE, ATTACH DETAILS AND PROVIDE COPY OF ALLEGATIONS – AND DOCUMENTATION OF THE FINAL DISPOSITION OF THE CASE(S).**

**CERTIFICATION**

Application is hereby made for a license, as provided for in R.S. 8:70 to engage in the business of a cemetery. 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 and agree that the Louisiana Cemetery Board may institute a background check of the Cemetery Authority and its officers, directors, partners, joint venturers, owners and any other person or entity included in this application. ***This application must be executed by each owner, partner, stockholder, and/or member holding 10% or more, or a majority of the officers, directors, and/or LLC managers of the Cemetery Authority if publicly-traded.***

SWORN TO AND SUBSCRIBED before me this

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

\_\_\_\_\_  
 Name of Cemetery Authority

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

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

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

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

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

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

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

PLEASE RETURN THIS FORM TO:  
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