



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

CONVERSION QUESTIONNAIRE
(Changing from a Corporation to an LLC)

1. Name of *Converting Corporation*: _____
2. Name of *Converted Entity - LLC*: _____
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 of person submitting this Questionnaire on behalf of Cemetery Authority: _____
Title: _____
Mailing address: _____
Telephone Number: _____ Fax Number: _____
E-mail address: _____
8. For the **Converting Corporation** list the following information for each principal stockholder (owning 10% or more), and each officer, director, general manager etc.:
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: _____

(OVER)

9. For the **Converted Entity - LLC** list the following information for each member (owning 10% or more), and each manager etc.:

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: _____

CERTIFICATION

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. ***Each member, owning 10% or more, must execute this questionnaire.***

SWORN TO AND SUBSCRIBED before me this

_____ day of _____ 20_____.

NOTARY PUBLIC

Name of Cemetery Authority – Limited Liability Company

Signature/Title

Signature/Title

Signature/Title

Signature/Title

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