

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

The following information is being submitted to the Louisiana Cemetery Board, for its use as part of the Application for Certificate of Authority filed by _____, (Applicant) pursuant to R.S. 8:71, the stock of which is owned by the following corporation.

1. Name of Corporation: _____
2. Mailing Address of Corporation: _____
City: _____ County/Parish: _____ State: _____ Zip Code: _____
3. Telephone #: _____ Fax #: _____ E-mail address: _____
4. Please provide the following information:
 - 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) Is the stock of the corporation publicly-traded? YES: _____ NO: _____
 - d) Name and address of Registered Agent for Service of Process: _____

5. Is the Corporation 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: _____
6. List the following information for each owner, partner, principal stockholder (owning 10% or more), officer and director: (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: _____
7. Is the Corporation named above a subsidiary? YES: _____ NO: _____ If YES, please provide the following:
 - a) Name & address of parent corporation? _____

 - b) Percentage of Ownership of Corporation: _____
 - c) In what state incorporated? _____
 - d) If other than Louisiana, is the parent corporation authorized by the Secretary of State to do business in Louisiana?
YES: _____ NO: _____
 - e) Is the stock of the parent corporation publicly-traded? YES: _____ NO: _____
 - f) Name and address of Registered Agent for Service of Process: _____

8. Is the *Corporation* the subject of a pending criminal prosecution or governmental enforcement action in any jurisdiction?
YES: _____ NO: _____
9. Has the *Corporation* been convicted or found guilty, regardless of adjudication, of any crime involving fraud, dishonest dealing, or any other act of moral turpitude? YES: _____ NO: _____
10. Has the *Corporation* 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 8 & 9 ABOVE, ATTACH DETAILS AND PROVIDE COPY OF ALLEGATIONS -- FOR QUESTIONS 9 & 10 ALSO PROVIDE DOCUMENTATION OF THE FINAL DISPOSITION OF THE CASE(S).

THE FOLLOWING MUST ACCOMPANY THIS CORPORATE QUESTIONNAIRE

- Certified copy of Articles of Incorporation.
- Certificate of good standing from the Secretary of State's Office.
- Three (3) years financial statements. If a new corporation, submit a statement estimating receipts (including capitalization, sales, loans, etc.) and expenditures for the next two (2) years.
- Each person named in six (6) above must complete an Individual's Questionnaire and submit a current credit report from a credit bureau.
- There shall be submitted to the Board such additional information and/or documentation the Board may deem necessary.

CERTIFICATION

We hereby certify that the information presented herein is true and correct to the best of our knowledge and belief, that said information is submitted voluntarily to the Louisiana Cemetery Board as essential data in connection with the Application for Certificate of Authority filed by the *Applicant* named herein. ***This application must be executed by each owner, partner, and principal stockholder, holding 10% or more, or a majority of the officers and directors, if the stock of the corporation is publicly-traded.***

SWORN TO AND SUBSCRIBED before me this

_____ day of _____ 20_____.

NOTARY PUBLIC

Name of Corporation

Signature/Title

Signature/Title

Signature/Title

Signature/Title

Signature/Title

Signature/Title

PLEASE RETURN THIS FORM TO:
Louisiana Cemetery Board
3445 N. Causeway Blvd., Suite 700
Metairie, LA 70002-3758