



VERIFIED COMPLAINT REQUESTING CEMETERY MAINTENANCE ASSISTANCE

State Form 54936 (R / 11-14)

**STATE BOARD OF FUNERAL AND CEMETERY SERVICE
PROFESSIONAL LICENSING AGENCY**
 402 West Washington Street, Room W072
 Indianapolis, Indiana 46204-2724
 Telephone: (317) 234-3031
 E-mail: pla12@pla.in.gov
 www.IN.gov/pla

INSTRUCTIONS: Provide photographs of cemetery along with proof that the perpetual care fund cannot be accessed or is not available for use.

* The State Board of Funeral and Cemetery Service does not have jurisdiction over all cemeteries in the state of Indiana. IC 23-14-48.5 indicates the consumer protection fund for cemetery maintenance does not apply for the following cemeteries:

- Cemetery owned by a municipal corporation or other government unit;
- Religious cemetery;
- Cemetery that is ten (10) acres or less in size, owned and operated entirely and exclusively by a nonprofit mutual association in existence on June 14, 1939 and in which burials took place before June 14, 1939.

If any structure is constructed above or below ground in a cemetery and interment rights in the structure are offered for sale to the general public or the acquisition of additional land or an interest in additional land causes the cemetery to exceed ten (10) acres in size, a cemetery registration is required and the State Board of Funeral and Cemetery Service would have jurisdiction over the cemetery and the consumer protection fund for cemetery maintenance would apply.

PERSONAL INFORMATION

Name of complainant	
Address (number and street, city, state, and ZIP code)	
Telephone number(s) ()	E-mail address

If filing complaint on behalf of person unable to file on their own, indicate that person's name and address here.

RESPONDENT INFORMATION

(Your complaint is against what cemetery. Please provide the name and address of cemetery.)

Name of cemetery *
Address (number and street, city, state, and ZIP code)

ASSISTANCE REQUESTED

Please indicate the maintenance assistance you are seeking. (Use additional sheets of blank paper as needed.)

Signature of complainant	Date (month, day, year)
Printed name of complainant	