



APPLICATION FOR CEMETERY REGISTRATION

State Form 47332 (R5 / 8-16)

Approved by State Board of Accounts, 2016

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

- INSTRUCTIONS:**
1. The fee for this application is \$100.00, payable to the Indiana Professional Licensing Agency, under IC 25-15-9-17(b) in accordance with 832 IAC 2-1-2.
 2. All fees are non-refundable and non-transferable.
 3. Please refer to the instructions on our website at www.pla.IN.gov for the licensing requirements.

* Your Social Security number is being requested by this state agency in accordance with IC 4-1-8-1. Disclosure is mandatory and this record cannot be processed without it.

FOR OFFICE USE ONLY

Application fee	Date fee paid (month, day, year)	Receipt number
License number issued	Date license issued (month, day, year)	License obtained by

DO NOT WRITE ABOVE THIS LINE

Name of cemetery

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

Telephone number ()	E-mail address	Federal Identification number *
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If this is a purchase of a previously licensed cemetery, provide the previous cemetery name and registration number here.

(Check applicable category)

- Sole Proprietor
 Partnership
 Corporation
 Association
 Other Organization

Name of owner

Address (number and street, city, state, and ZIP code) if applicable

NAMES, TITLES AND PRINCIPAL ADDRESSES OF THE PARTNERS, DIRECTORS OR OTHER EXECUTIVE OFFICERS

Name	Name
Title	Title
Address (number and street, city, state, and ZIP code)	Address (number and street, city, state, and ZIP code)

Name	Name
Title	Title
Address (number and street, city, state, and ZIP code)	Address (number and street, city, state, and ZIP code)

Name	Name
Title	Title
Address (number and street, city, state, and ZIP code)	Address (number and street, city, state, and ZIP code)

I certify that I personally completed this application and that the information appearing hereon is true and correct to the best of my knowledge and belief. I understand that providing fraudulent information may be grounds for refusal to issue the license for which I am applying or for disciplinary action against the license which may be issued.

Signature of authorized cemetery representative	Printed or typed name of authorized cemetery representative	Date signed (month, day, year)
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