



APPLICATION FOR CEMETERY REGISTRATION

State Form 47332 (R6 / 2-26)
 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.

QUESTIONS

If your answer is "Yes" to any of the following, explain fully in a signed written statement, including all related details, and provide copies of all relevant arrest or court documents. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of the license or permit issued pursuant to this application.

1. *Except for minor violations of traffic laws resulting in fines, and arrests or convictions that have been expunged by a court,*

(1) have you ever been arrested;

Yes No

(2) have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony in any state;

Yes No

(3) have you ever been convicted of any offense, misdemeanor, or felony in any state;

Yes No

(4) have you ever pled guilty to any offense, misdemeanor, or felony in any state; or

Yes No

(5) have you ever pled *nolo contendere* to any offense, misdemeanor, or felony in any state?

Yes No

2. Have you ever had any complaint filed against you with the State Board of Funeral and Cemetery Service of any other state?