

Michigan Department of Energy, Labor & Economic Growth
 Bureau of Commercial Services
 Office of the State Cemetery Commissioner
 P.O. Box 30018, Lansing, MI 48909
 517-241-8070
 517-241-9296 Fax
 www.michigan.gov/cemetery

OWNER/SHAREHOLDER/MEMBER/DIRECTOR/AFFILIATED PERSON UPDATE

AUTHORITY: P.A. 251 of 1968, as amended
 COMPLETION: Mandatory
 PENALTY: Licensee may be in violation of Cemetery Regulation Act.
 Possible fines and sanctions.

**THIS FORM IS FOR UPDATES TO OWNERS, SHAREHOLDERS, MEMBERS, DIRECTORS OR AFFILIATED PERSONS
 DO NOT USE THIS FORM FOR A LICENSE RENEWAL OR IF YOUR LICENSE HAS ALREADY EXPIRED**

Instructions:

- Complete and sign form as appropriate. Type or print in ink.
- Mail or fax completed update and any appropriate documents to address above.

<input type="checkbox"/> Owners/Shareholders/Members/Directors/Affiliated Persons Update (No Fee Due)
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License Type

<input type="checkbox"/> Over 10 Acre 21-01- _____	<input type="checkbox"/> Crematory 21-01- _____	<input type="checkbox"/> 10 Acre or less 21-02- _____
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Shareholders/Members/Owners

Name	% Owned	Address	
			<input type="checkbox"/> Add <input type="checkbox"/> Delete
			<input type="checkbox"/> Add <input type="checkbox"/> Delete
			<input type="checkbox"/> Add <input type="checkbox"/> Delete
			<input type="checkbox"/> Add <input type="checkbox"/> Delete
			<input type="checkbox"/> Add <input type="checkbox"/> Delete
			<input type="checkbox"/> Add <input type="checkbox"/> Delete

Directors/Affiliated Persons

Name	Address
Name	Address
Name	Address
Name	Address
Name	Address

Certification and Signature

I hereby certify the above information is true and accurate to the best of my knowledge.	
Signature of Licensee	Date