

Michigan Department of Energy, Labor & Economic Growth  
Bureau of Commercial Services  
CEMETERY REGULATION  
P.O. Box 30018, Lansing, MI 48909  
517-241-8070  
www.michigan.gov/cemetery

FOR OFFICE USE ONLY	
Date Approved:	Approved by:
I.D. Number	

## APPLICATION FOR APPROVAL OF CEMETERY CHANGE OF CONTROL

AUTHORITY: P.A. 251 of 1968, as amended  
COMPLETION: Mandatory  
PENALTY: Failure to complete may result in denial of your application

In addition to this application and fee, please submit the following documents:

- Purchase Agreement
- Cemetery Layout (Plat Map)
- Irrevocable Endowed Care Trust Fund Agreement
- Merchandise Trust Fund Agreement
- Prepaid Escrow Agreement and copy of license application
- Construction or Development Trust Fund (if applicable)

**FEE: \$1,500.00**  
**FEE IS NON-REFUNDABLE**

CEMETERY INFORMATION		
Name of Existing Cemetery		Current Registration Number
Physical Location (Number, Street, City, State and Zip Code)		
Township	Section Number	County
Mailing Address (Number, Street, City, State and Zip Code)		

PROPOSED NEW OWNERSHIP INFORMATION		
New Name of Cemetery (If applicable)		
Check Type of Ownership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) (If a Corporation, attach a copy of your filed Articles of Incorporation and DBA documents) (If a Limited Liability Company, (LLC), attached a copy of the Articles of Organization and a copy of your Operating Agreement.)		Federal Identification Number
Date of Incorporation	→	Incorporated Under Act No.
If incorporated in another state, please indicate which state:	→	<b>You must obtain a Certificate of Authority to do Business in Michigan</b>
Name of Contact Person		
Mailing Address (Number, Street, City, State, and Zip Code)		
Daytime Telephone (    )	Fax Number (    )	E-mail Address

FEE PAYMENT INFORMATION	FOR OFFICE USE ONLY - VALIDATION
Cemetery Change of Control      \$1,500.00      (22-01-33)	
Make your check or money order from a U.S. Financial Institution payable to: <p style="text-align: center;"><b>STATE OF MICHIGAN - CEMETERY</b></p>	

Provide information for each individual or entity who has an interest in the cemetery, include all Owners, Officers, Directors, Shareholders, Members, Partners and Affiliated Persons. Attach additional sheets, if necessary.

**New OWNERSHIP Information. Attach additional sheets if necessary.**

Name (Last, First, Middle)			Daytime Telephone
Complete Mailing Address (Number, Street, City, State and Zip Code)			
Position Held	% of Interest	Date of Birth	Social Security Number
Name (Last, First, Middle)			Daytime Telephone
Complete Mailing Address (Number, Street, City, State and Zip Code)			
Position Held	% of Interest	Date of Birth	Social Security Number
Name (Last, First, Middle)			Daytime Telephone
Complete Mailing Address (Number, Street, City, State and Zip Code)			
Position Held	% of Interest	Date of Birth	Social Security Number

**Proposed CORPORATE OFFICER Information. Attach additional sheets, if necessary.**

Name (Last, First, Middle)			Daytime Telephone
Complete Mailing Address (Number, Street, City, State and Zip Code)			
Title	Date of Birth	Social Security Number	
Name (Last, First, Middle)			Daytime Telephone
Complete Mailing Address (Number, Street, City, State and Zip Code)			
Title	Date of Birth	Social Security Number	
Name (Last, First, Middle)			Daytime Telephone
Complete Mailing Address (Number, Street, City, State and Zip Code)			
Title	Date of Birth	Social Security Number	
Name (Last, First, Middle)			Daytime Telephone
Complete Mailing Address (Number, Street, City, State and Zip Code)			
Title	Date of Birth	Social Security Number	

<b>Proposed BOARD OF DIRECTORS Information. Attach additional sheets, if necessary.</b>		
Name (Last, First, Middle)		Daytime Telephone
Complete Mailing Address (Number, Street, City, State and Zip Code)		
Title	Date of Birth	Social Security Number
Name (Last, First, Middle)		Daytime Telephone
Complete Mailing Address (Number, Street, City, State and Zip Code)		
Title	Date of Birth	Social Security Number
Name (Last, First, Middle)		Daytime Telephone
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Name (Last, First, Middle)		Daytime Telephone
Complete Mailing Address (Number, Street, City, State and Zip Code)		
Title	Date of Birth	Social Security Number
Are the proposed officers, directors, stockholders, owners, members, partners or affiliated persons in any way connected with, or do they have an interest in, the operation of a funeral home? <input type="checkbox"/> No <input type="checkbox"/> Yes - Please explain:		
Do the proposed officers, directors, stockholders, owners, members, partners or affiliated persons own any other cemeteries in Michigan or any other state? <input type="checkbox"/> No <input type="checkbox"/> Yes - Give name and location:		
Have any of the individuals listed on this application ever been convicted of a felony or misdemeanor for which you or they could have gone to jail? <input type="checkbox"/> No <input type="checkbox"/> Yes - Whom _____ . Do not give details at this time. The Department will contact you at a later date.		
Who will be the trustee of the following funds? <b>(Submit copies of each trust agreement.)</b>		
Irrevocable Endowed Care Trust Fund:		
Merchandise Trust Fund:		
Prepaid Escrow Agreement:		
Construction or Development Trust Fund:		
Source of Financing:		
Please supply the name and address of the General Manager and submit a detailed resume' with a history of his/her cemetery experience.		
Please provide a sworn statement from the seller attesting to the assets and liabilities related to the cemetery, including all trust accounts and the value of those accounts.		
Please provide a sworn statement from purchaser and seller stating who will assume the assets and liabilities related to the cemetery.		
Please provide a sworn statement that the principal from the endowment and perpetual care trust accounts will be held in escrow for 6 months from the later of either the commissioner's approval or the close of the sale.		



<b>Current CORPORATE OFFICER Information. Attach additional sheets, if necessary.</b>		
Name (Last, First, Middle)		Daytime Telephone
Complete Mailing Address (Number, Street, City, State and Zip Code)		
Title	Date of Birth	Social Security Number
Name (Last, First, Middle)		Daytime Telephone
Complete Mailing Address (Number, Street, City, State and Zip Code)		
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