



## APPLICATION FOR NEW CEMETERY, CREMATORY OR APPROVAL OF CEMETERY CHANGE OF CONTROL

AUTHORITY: 1968 PA 251, MCL 338.3434a, AND 42 USC 654

PENALTY: FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DENIAL OF THE APPLICATION AND/OR DISCIPLINARY ACTION.

Name			
Address			
Name of Cemetery/Crematory			
Physical Location	City	State	Zip Code
Telephone Number		E-mail Address	
Are the directors, officers, partners, members or affiliated persons in any way connected with, or do they have an interest in, the operation of a funeral home?  Yes - Please explain: <span style="float: right;">No</span>			
Has anyone listed on this application ever been convicted of a felony not previously reported to the Department for this license type or occupation?  Yes      No			
<b>FEE PAYMENT INFORMATION (Check One)</b>		<b>FOR OFFICE USE ONLY</b>	
New Cemetery      \$1,500.00      (2201-01)		License Number:	
New Cemetery 10 Acres or Less non profit (burial prior to 1968)      \$0.00 Fee Exempt		Approved By:      Date Approved:	
New Crematory      \$1,500.00      (2201-01)			
Cemetery Change of Control      \$1,500.00      (2201-33)			
Make your check or money order in U.S. Currency payable to:  <b>STATE OF MICHIGAN</b>			
FEES ARE AUTHORIZED UNDER 1968 PA 251			

**Additional Required Documents**

**For Cemetery:**

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

- Purchase Agreement
- Physical Plans
- Endowment and Perpetual Care Trust Fund Agreement
- Prepaid Escrow Agreement and Prepaid Funeral & Cemetery sales registration or application, if applicable
- Proof of Health Department Approval
- Resume of Operator
- Entity Documents (must be formed under the Cemetery Corporations Act or Rural Cemetery Corporation Act)
- Provide a list of each person who has an interest in the cemetery, include all Directors, Officers, Partners, Members, and Affiliated Persons of the cemetery.

**For Crematory:**

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

- Entity Documents
- Permit to Install (DEQ 1-800-662-9278 Clean Air Assistance Program)
- Proof of Health Department Approval
- Resume of Operator

**Change of Control:**

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

- Purchase Agreement
- Physical Plans
- Merchandise Trust Fund Agreement
- Endowment and Perpetual Care Trust Fund Agreement
- Prepaid Escrow Agreement and Prepaid Funeral & Crematory Sales Registration, if applicable
- Resume of Operator
- Entity Documents
- Provide name of current owner and current registration number.
- 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.
- Provide a sworn statement from purchaser and seller stating who will assume the assets and liabilities related to the cemetery.
- 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 the commissioner's approval, the close of the sale, or transfer of title.

**Certification**

I certify that the statements in this document are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date