

Michigan Department of Licensing and Regulatory Affairs  
Corporations, Securities & Commercial Licensing Bureau  
Schools and Licensing Section  
P.O. Box 30018, Lansing, MI 48909  
517-241-9221  
www.michigan.gov/cemetery

FOR OFFICE USE ONLY	
Approved By:	
Date Approved:	
License Number	

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

AUTHORITY: 1968 PA 251, MCL 338.3434(A), 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	
<p>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?</p> <p><input type="checkbox"/> Yes - Please explain: <span style="float: right;"><input type="checkbox"/> No</span></p>			
<p>Has anyone listed on this application ever been convicted of a felony not previously reported to the Department for this license type or occupation?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
FEE PAYMENT INFORMATION (Check One)			FOR OFFICE USE ONLY - VALIDATION
<input type="checkbox"/> New Cemetery	\$1,500.00	(2201-01)	
<input type="checkbox"/> New Crematory	\$1,500.00	(2201-01)	
<input type="checkbox"/> 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, if applicable
- 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, if applicable
- Permit to Install
- Health Department Approval
- Resume

Change of Control also include:

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 the commissioner's approval, the close of the sale, or transfer of title.

- Merchandise Trust Fund Agreement
- Endowment & Perpetual Care Trust Fund Agreement
- Resume
- Entity documents
- Prepaid Escrow Agreement and Prepaid Funeral & Crematory Sales Registration, if applicable
- Provide name of current owner and current registration number.

**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