AUTHORITY: 1968 PA 251

PENALTY: Failure to provide this information may result in disciplinary action. Please Note: This information may be released to the public in accordance with the Freedom of Information Act, 1976 PA 442, as amended.

# Michigan Department of Licensing and Regulatory Affairs

**Corporations, Securities & Commercial Licensing Bureau**
**Securities and Audit Division**
Telephone: (517) 335-5237

**DUE: JUNE 30, 2026**

## 2025 CREMATORY ANNUAL REPORT

| | | |
|---|---|---|
| Name of Crematory | | License Number: 22-03- _____ |
| Mailing Address | | Prepaid Funeral and Cemetery Sales Act Registration Number: 34-01- _____ |
| City | State | Zip Code |
| Crematory Location (if different than mailing address) | | |
| Location Where Records May Be Inspected (if different than mailing address) | | |
| Contact Person | Telephone Number of Contact Person | |
| Preparer | Telephone Number of Preparer | |
| Cremations performed in 2025 | **E-Mail of Preparer** | |

Is the Crematory Established (Incorporated) under 1915 PA 56? ☐ Yes ☐ No

Is the crematory on the grounds of a cemetery? ☐ No ☐ Yes Cemetery Name: _____

Registration number: 22-01 _____

| Names and Title of Crematory Principal Owner, Directors, Officers, and/or General Manager - please list below: | Address(es): |
|---|---|
| | |
| | |
| | |
| | |
| | |

## SCHEDULE A - COMPLIANCE DISCLOSURES (To be completed by all crematories):

| | |
|---|---|
| 1) Did the crematory maintain its records within the state of Michigan? | ☐ Yes<br>☐ No-Attach page listing exceptions |
| 2) Are there any Mortgages, Liens, or Encumbrances on dedicated or non dedicated crematory land, or buildings?<br>If yes, submit complete details of the situation with the annual report. | ☐ Yes<br>☐ No |
| 3) Does the crematory have a columbarium? | ☐ Yes<br>☐ No |
| 4) We are a crematory only. No inurnment rights have been sold. No preneed or prepaid merchandise or services have been sold. We are not required and do not have any trust or escrow funds to report. If true, go directly to crematory official signature. If not true, answer the following questions. | ☐ True<br>☐ Not True |
| 5) Has the crematory sold any preneed services or merchandise after December 31, 2004, without having a Prepaid Funeral and Cemetery Sales Act registration?<br>If yes, submit complete details of the situation with the annual report. | ☐ Yes<br>☐ No |
| 6) Has the crematory sold inurnment rights?<br>If yes, also complete a cemetery annual report. | ☐ Yes<br>☐ No |
| 7) As of the end of the reporting year, did the crematory have any outstanding merchandise or service liabilities that were not relieved by the end of the month following the month of sale, incurred prior to January 1, 2005?<br>If yes, also complete a cemetery annual report. | ☐ Yes<br>☐ No |

### CREMATORY OFFICIAL SIGNATURE (NOTE: This report will not be accepted without a signature)

We declare we have reviewed the report and all pertinent information has been provided and included to give complete and accurate accounts of the crematory, its trust assets, and escrow funds. In our opinion, assertions included in this 2025 crematory annual report are fairly stated in all material respects and are accurate, complete and true to the best of our knowledge and belief.

**"/s/ John Doe" signature formats are acceptable and by submitting the forms through the MiCLEAR account, the registrant is acknowledging their authenticity**

Signature of Owner, Director, or Officer of Crematory _____ Date _____

Type or Print Name of Owner, Director or Officer of Crematory _____

Signature of Owner, Director, or Officer of Crematory _____ Date _____

Type or Print Name of Owner, Director or Officer of Crematory _____

**Please Note: This report is due June 30, 2026**

**This report will only be accepted if it is uploaded into your MiClear record through www.michigan.gov/miclear**

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