

**Directions:** This form must be completed in full (typewritten or printed in ink) and signed. If additional space is needed in answering any questions, please attach the information to this form as an Exhibit.

Name of Legal Owner	E-mail Address	Phone		
Address	City	State	Zip	

Common Name of Cemetery	County		
Address	City	State <b>KS</b>	Zip

<b>a. State of incorporation (if incorporated)</b>	
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<b>b. Date of establishment</b>		<b>c. Date granted authority in Kansas (if incorporated outside of Kansas)</b>	
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**d. Has the cemetery operated continuously since establishment?**  Yes  No

**e. Is the cemetery a municipality or otherwise empowered to issue bonds or levy taxes?**  Yes  No

**f. Does the cemetery constitute an established church and convey lots only to members and/or their relatives?**  
 Yes  No

<b>g. Check one:</b> The legal owner is a: <input type="checkbox"/> cemetery organized as a for-profit corporation <input type="checkbox"/> cemetery organized as a not-for-profit corporation <input type="checkbox"/> cemetery organized for religious puposes <input type="checkbox"/> cemetery, not a corporation <input type="checkbox"/> other (provide explanation in box on right):	
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<b>h. Amount currently in permanent maintenance trust fund</b>	\$
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I do hereby certify under penalty of perjury and pursuant to the laws of the state of Kansas that the information contained in this report and supplied in any attachments thereto is true and correct.

Printed Name of Signer	Title			
Signature of Owner or Officer	Month	Day	Year	
X				