



STATE OF ILLINOIS  
COMPTROLLER  
JUDY BAAR TOPINKA

Cemetery Care & Burial Trust Division  
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Chicago, Illinois 60601  
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**REGISTRATION STATEMENT**  
**Illinois Cemetery Care Act**  
**(760 ILCS 100/1 et seq.)**

**Every cemetery authority shall register with the Office of the Comptroller on forms furnished by the Office.**

Definitions to be used by the Registrant in making this Registration Statement:

**Family Burying Ground:** A cemetery in which no lots are sold to the public and in which interments are restricted to a group of persons related to each other by blood or marriage.

**Fraternal Cemetery:** A cemetery owned, operated, controlled or managed by any fraternal organization or auxiliary organizations thereof, in which the sale of lots, graves, crypts or niches is restricted principally to its members.

**Municipal Cemetery:** A cemetery owned, operated, controlled or managed by any city, village, incorporated town, township, county or other municipal corporation, political subdivision or instrumentality thereof, authorized by law to own, operate or manage a cemetery.

**State or Federal Cemetery:** A cemetery owned, operated, controlled or managed by any state or the federal government or any political subdivision or instrumentality thereof.

**Religious Cemetery:** A cemetery owned, operated, controlled or managed by any recognized church, religious society, association or denomination, or by any cemetery authority or any corporation administering, or through which is administered, the temporalities of any recognized church, religious society, association or denomination.

**Privately Operated Cemetery:** Any entity that offers interment rights, entombment rights or inurnment rights, other than a Fraternal, Municipal, State, Federal or Religious cemetery or a family burying ground.

**Cemetery Authority:** Any person, firm, corporation, trustee, partnership, association or municipality owning, operating, controlling or managing a cemetery or holding lands for burial grounds or burial purposes in this State.

**Care:** The maintenance of a cemetery and of the lots, graves, crypts, niches, family mausoleums, memorials, and markers therein; including: (i) the cutting and trimming of lawn, shrubs and trees at reasonable intervals; (ii) keeping in repair the drains, water lines, roads, buildings, fences and other structures in keeping with a well maintained cemetery; (iii) maintenance of machinery, tools and equipment for such care; (iv) compensation of employees, payment of insurance premiums and reasonable payments for employees pension and other benefit plans; and (v) to the extent surplus income from the care funds is available, the payment of overhead expenses necessary for such purposes and for maintaining necessary records of lot ownership, transfers and burials.

**Care Funds:** Any realty or personalty impressed with a trust by the terms of any gift, grant, contribution, payment, legacy or pursuant to contract, accepted by any cemetery authority owning, operating, controlling or managing a privately operated cemetery, or by any trustee or licensee, agent or custodian for the same, under Section 3 of this Act, and the amounts set aside under Section 4 of this Act, and any income accumulated therefrom, where legally so directed by the terms of the transaction by which the principal was established (as distinguished from receipts from annual charges or gifts for current or annual care).

REGISTRATION STATEMENT – Please type or print legibly

1. Name of Cemetery \_\_\_\_\_
2. Cemetery Location Address \_\_\_\_\_  
Street & Number City County Zip Code
3. Name of Owner/Contact \_\_\_\_\_
4. Business Address of Owner/Contact \_\_\_\_\_  
Street & Number City County Zip Code
5. Mailing Address \_\_\_\_\_  
(If different than location) Street & Number City County Zip Code
6. Type of Cemetery (check one)
- |                                 |  |
|---------------------------------|--|
| A. _____ Family Burying Ground  | F. _____ Privately Operated Cemetery that does not accept care funds.  |
| B. _____ Fraternal Cemetery     | G. _____ Privately Operated Cemetery that accepts care funds. <b>If you check this, you must also apply for a license under the Cemetery Care Act.</b> |
| C. _____ Municipal Cemetery     |  |
| D. _____ State/Federal Cemetery |  |
| E. _____ Religious Cemetery     |  |

Family Burying Ground, Fraternal, Municipal, State, Federal, Religious in addition to Privately Operated cemeteries that do **not** accept care funds, are eligible to apply for an exemption from the licensing provisions of the Cemetery Care Act. ***If exemption from the licensing provisions of the Act is claimed then you must submit: a copy of the Charter and By-Laws certified by the Corporate Secretary; a copy of the Partnership Agreement, Affidavits; a copy of the Articles of Association, references to statutes or ordinances; a copy of a deed or other documents or other information indicating the Cemetery to be the type of Cemetery eligible for exemption.*** The Office of the Comptroller will advise you of its decision on your application for exempt status.

**If no exemption is claimed, then a license must be obtained from the Office of the Comptroller.**

7. Type of Ownership (check one)
- |                   |                    |               |
|-------------------|--------------------|---------------|
| Individual _____  | Fraternity _____   | County _____  |
| Partnership _____ | Township _____     | State _____   |
| Corporation _____ | Village _____      | Federal _____ |
| Association _____ | Municipality _____ | Other _____   |
8. Full name and address (both residence and business) of the applicant, if an individual; of every member, if a partnership or association; of every officer or director, if a corporation **and** of any party owning 10% or more of the cemetery authority (use additional sheets if necessary)
- Name \_\_\_\_\_ Title \_\_\_\_\_
- Residence Address \_\_\_\_\_  
Street & Number City County Zip Code
- Business Address \_\_\_\_\_  
Street & Number City County Zip Code
- Telephone (\_\_\_\_) \_\_\_\_\_ Fax, if applicable (\_\_\_\_) \_\_\_\_\_
- Name \_\_\_\_\_ Title \_\_\_\_\_
- Residence Address \_\_\_\_\_  
Street & Number City County Zip Code
- Business Address \_\_\_\_\_  
Street & Number City County Zip Code
- Telephone (\_\_\_\_) \_\_\_\_\_ Fax, if applicable (\_\_\_\_) \_\_\_\_\_
- Name \_\_\_\_\_ Title \_\_\_\_\_
- Residence Address \_\_\_\_\_  
Street & Number City County Zip Code
- Business Address \_\_\_\_\_  
Street & Number City County Zip Code
- Telephone (\_\_\_\_) \_\_\_\_\_ Fax, if applicable (\_\_\_\_) \_\_\_\_\_

REGISTRATION STATEMENT

Name \_\_\_\_\_ Title \_\_\_\_\_

Residence Address \_\_\_\_\_

Street & Number City County Zip Code

Business Address \_\_\_\_\_

Street & Number City County Zip Code

Telephone (\_\_\_\_) \_\_\_\_\_ Fax, if applicable (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Residence Address \_\_\_\_\_

Street & Number City County Zip Code

Business Address \_\_\_\_\_

Street & Number City County Zip Code

Telephone (\_\_\_\_) \_\_\_\_\_ Fax, if applicable (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Residence Address \_\_\_\_\_

Street & Number City County Zip Code

Business Address \_\_\_\_\_

Street & Number City County Zip Code

Telephone (\_\_\_\_) \_\_\_\_\_ Fax, if applicable (\_\_\_\_) \_\_\_\_\_

9. Date of Incorporation, if applicable \_\_\_\_\_

If incorporated, was it under a general act of legislation \_\_\_\_\_ or, a private act of legislation \_\_\_\_\_

Enclose the registration fee in the form of a check, draft or money order in the sum of five dollars (\$5.00) for each cemetery authority. The check should be made payable to: "Comptroller, State of Illinois."

State of Illinois
County of \_\_\_\_\_

I, \_\_\_\_\_, do solemnly swear that the foregoing answers and statements have been knowingly made by me and the same are true. Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Name of Registrant Signature Title

Subscribed and sworn to before me in \_\_\_\_\_ County, in the State of Illinois by the said \_\_\_\_\_ who personally appeared before me in the aforesaid County and State, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Seal

Notary Public My commission expires