



BIENNIAL CEMETERY REGISTRATION

Name of Cemetery to be Registered: _____

Mailing Address: _____
P.O. Box or Street City State Zip

Physical Address or Location Description: _____
Street City State Zip

Email Address: _____ Website: _____

Organization Owning Cemetery and Applying for Certificate of Registration: (If parent corporation controls applicant corporation, attach sheet identifying all parent corporations)

Operating Organization's Physical Address: _____
Street
City State Zip Phone

Email Address: _____ Website: _____

Operating Organization's Mailing Address: _____
P.O. Box or Street
City State Zip Phone

Parent Corporation's Physical Address: _____
Street
City State Zip Phone

Email Address: _____ Website: _____

Parent Corporation's Mailing Address: _____
P.O. Box or Street
City State Zip Phone

Name of Contact Person: _____
P.O. Box or Street
City State Zip Phone

Type of Organization: Profit Non-profit

A non-refundable application fee of \$10.00 (biennial) payable to the "State of Delaware" should be attached.

PERSON FILING THIS APPLICATION

I hereby affirm, under penalty of perjury, that all of the information submitted in this application is true and correct and complete. I am aware that knowingly and willfully making a material misstatement in connection with an application for registration is grounds for the denial, refusal to renew, suspension, or revocation of a registration/license.

Printed Name: _____ Title: _____

Signature: _____ Date Signed: _____