



Cemetery Registration

I. Cemetery and Contact Information - A \$10 nonrefundable registration fee (check or money order) payable to the <i>State of Delaware</i> must be mailed with this registration form to DE Cemetery Board, Delaware Health Statistics Center, Jesse Cooper Bldg., 417 Federal St., Dover, DE 19901. Registration is due every five years or upon change in ownership of the cemetery (29 Del. C. §7906A).	
Name of Cemetery: _____	DE-20 _____
Owner/Volunteer's Name, if Abandoned: _____	
Mailing Address: _____	
City: _____	State: _____ Zip Code: _____
Telephone: _____	Email: _____
Operating Organization (if applicable): _____	
Mailing Address: _____	
City: _____	State: _____ Zip Code: _____
Telephone: _____	Email: _____
Physical Address/ County: _____	City: _____
GPS Coordinates (Latitude/Longitude, if known): _____	Approximate Number of Burials/Acreage: _____
Date Established: _____	<input type="checkbox"/> NonProfit <input type="checkbox"/> For Profit
Service Area: <input type="checkbox"/> Statewide <input type="checkbox"/> New Castle <input type="checkbox"/> Kent <input type="checkbox"/> Sussex	
<input type="checkbox"/> Active Cemetery <input type="checkbox"/> Inactive Cemetery <input type="checkbox"/> At Capacity <input type="checkbox"/> Inventory Available	
Number of Prior Year Interments: _____	
II. Person Completing this Registration Form	
I hereby affirm, under penalty of perjury, that the cemetery is properly licensed with the State and county and all the information submitted on this registration form is true, correct, and complete. I am aware that knowingly and willfully making a material misstatement in connection with the registration is grounds for the denial, refusal to renew, suspension, or revocation of the registration. I am aware that the registration with the Cemetery Board is to comply with 29 Del. C. §7906A and to be eligible to apply for Distressed Cemetery Funds and not a license to operate.	
Printed Name: _____	Signature: _____
Mailing Address: _____	
City: _____	State: _____ Zip Code: _____
Telephone/Email: _____	Date: _____