

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703

E-Mail: web@dps.wi.gov
Website: http://dps.wi.gov

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

ANNUAL CERTIFICATION FOR CEMETERIES OF RELIGIOUS SOCIETIES

NO FEE REQUIRED

This certificate must be completed for each cemetery organized and operated by a religious society organized under Wis. Stats. § 187.

PLEASE TYPE OR PRINT IN INK

SECTION I: To Be Completed for Each Religious Cemetery

NOTE: The information in Numbers 4 and 5 of this section may be provided on an attached sheet if this certificate is for more than one cemetery.

1. Name of Cemetery Authority or Religious Society Filing this Form for the Cemetery Listed in #4 Below	2. Daytime Telephone Number ()
---	---

3. Address of Cemetery Authority or Religious Society (Number, Street, City, State, Zip Code)

4. Name and Address of Cemetery (Number, Street, City, State, Zip Code)

5. Please Check Only ONE of the Following Blanks.

The cemetery authority fully complied ____; did not comply _____ with Wis. Stats. §§ 157.11(9g)(c) and 157.12(3), during the 12-month period immediately preceding the date on which the certification is filed with the Department. (See attached statutory language.)

If there has been substantial compliance rather than full compliance, specify on an attached sheet those instances when the cemetery did not fully comply with Wis. Stats. §§ 157.11(9g)(c) and 157.12(3).

6. Has the Cemetery Authority Engaged in Preneed Sales During the Reporting Period? YES NO
If YES, the information in SECTION II must be completed for the cemetery authority, including information about each of its individual preneed sellers. EVERYONE MUST COMPLETE SECTION III.

OFFICE USE ONLY		
TYPE	REGISTRATION #	GRANT DATE
102		

Wisconsin Department of Safety and Professional Services

SECTION II: To Be Completed for Each Preneed Seller of a Religious Cemetery

NOTE: This information may be provided on an attached list if there is insufficient space for reporting all preneed sellers.

1. Name of Cemetery

2. Address of Cemetery (Number, Street, City, State, Zip Code)

3. Name of Employee Who Practiced as a Preneed Seller

4. Social Security Number

5. Address of Preneed Seller (Number, Street, City, State, Zip Code)

6. Daytime Telephone Number of Preneed Seller ()

7. Please Check Only ONE of the Following Blanks.

The cemetery authority(ies) and preneed seller(s) fully complied ___; substantially complied ___; did not comply ___ with Wis. Stats. § 440.92(2), (3)(a) and (b) and (5), during the 12-month period immediately preceding the date on which the certification is filed with the Department. (See attached statutory language.)

If there has been substantial compliance rather than full compliance, specify on an attached sheet those instances when the preneed seller or cemetery authority did not fully comply with Wis. Stats. § 440.92(2), (3)(a) and (b) and (5).

SECTION III: To Be Completed by Everyone

Cemetery Authority or Authorized Representative of Religious Society must sign.

I hereby swear and affirm that the information reported on this form and any attachments to it is true and correct to the best of my knowledge and belief.

Cemetery Authority or Authorized Representative

Title

Date

Print Name of Cemetery Authority or Authorized Representative

Subscribed and sworn before me this _____ day of _____, 20_____

Signature of Notary Public

S E A L

Date Commission Expires