



Certificate of Authority (Cemetery)

2024 1st Quarter Report

<i>For Bureau Use Only</i>	
License Number	
Receipt Number	
Date Processed	

Due on or before: April 30, 2024

Cemetery Name: _____

Cemetery License Number: COA _____

Report the total number of interments from January 1, 2024 through March 31, 2024. Reduce the total number of interments by the number of cremations performed by the licensed crematory located on the grounds of the cemetery and under common ownership. The licensed crematory will report those cremations on their crematory quarterly report form.

If the number of interments is being reduced for any cremations performed by a crematory located on the grounds of a cemetery and under common ownership with the cemetery, list the license number and date issued:

CR License No. _____ Date Issued _____

<u>Type of Interment</u>	Total (including cremated remains interred)	Less: Cremations reported under common ownership listed above	Net
Burial		-	=
Entombment in a Mausoleum		-	=
Inurnment in a Columbarium		-	=
Total Interments in which fees are due			
Interment Fee			X \$11.50
TOTAL INTERMENT FEES DUE			

Please make your check payable to the "Cemetery and Funeral Bureau" and send it to the letterhead address.

AUTHORIZED SIGNATURE _____

DATE _____

PRINT NAME _____

TITLE _____

TELEPHONE NUMBER _____

NOTICE ON COLLECTION OF PERSONAL INFORMATION [click here](#) for details



Certificate of Authority (Cemetery)

2024 2nd Quarter Report

<i>For Bureau Use Only</i>	
License Number	
Receipt Number	
Date Processed	

Due on or before: July 31, 2024

Cemetery Name: _____

Cemetery License Number: COA _____

Report the total number of interments from April 1, 2024 through June 30, 2024. Reduce the total number of interments by the number of cremations performed by the licensed crematory located on the grounds of the cemetery and under common ownership. The licensed crematory will report those cremations on their crematory quarterly report form.

If the number of interments is being reduced for any cremations performed by a crematory located on the grounds of a cemetery and under common ownership with the cemetery, list the license number and date issued:

CR License No. _____ Date Issued _____

<u>Type of Interment</u>	Total (including cremated remains interred)	Less: Cremations reported under common ownership listed above	Net
Burial	-	=	
Entombment in a Mausoleum	-	=	
Inurnment in a Columbarium	-	=	
Total Interments in which fees are due			
Interment Fee		X	\$11.50
TOTAL INTERMENT FEES DUE			

Please make your check payable to the "Cemetery and Funeral Bureau" and send it to the letterhead address.

AUTHORIZED SIGNATURE

DATE

PRINT NAME

TITLE

TELEPHONE NUMBER

NOTICE ON COLLECTION OF PERSONAL INFORMATION click [here](#) for details



Certificate of Authority (Cemetery)

2024 3rd Quarter Report

<i>For Bureau Use Only</i>
License Number
Receipt Number
Date Processed

Due on or before: October 31, 2023

Cemetery Name: _____

Cemetery License Number: COA _____

Report the total number of interments from July 1, 2024 through September 30, 2024. Reduce the total number of interments by the number of cremations performed by the licensed crematory located on the grounds of the cemetery and under common ownership. The licensed crematory will report those cremations on their crematory quarterly report form.

If the number of interments is being reduced for any cremations performed by a crematory located on the grounds of a cemetery and under common ownership with the cemetery, list the license number and date issued:

CR License No. _____ Date Issued _____

<u>Type of Interment</u>	Total (including cremated remains interred)	-	Less: Cremations reported under common ownership listed above	=	Net
Burial		-		=	
Entombment in a Mausoleum		-		=	
Inurnment in a Columbarium		-		=	
Total Interments in which fees are due					
Interment Fee				X	\$11.50
TOTAL INTERMENT FEES DUE					

Please make your check payable to the "Cemetery and Funeral Bureau" and send it to the letterhead address.

AUTHORIZED SIGNATURE

DATE

PRINT NAME

TITLE

TELEPHONE NUMBER

NOTICE ON COLLECTION OF PERSONAL INFORMATION [click here for details](#)



Certificate of Authority (Cemetery)

2024 4th Quarter Report

<i>For Bureau Use Only</i>
License Number
Receipt Number
Date Processed

Due on or before: January 31, 2024

Cemetery Name: _____

Cemetery License Number: COA _____

Report the total number of interments from October 1, 2024 through December 31, 2024. Reduce the total number of interments by the number of cremations performed by the licensed crematory located on the grounds of the cemetery and under common ownership. The licensed crematory will report those cremations on their crematory quarterly report form.

If the number of interments is being reduced for any cremations performed by a crematory located on the grounds of a cemetery and under common ownership with the cemetery, list the license number and date issued:

CR License No. _____ Date Issued _____

<u>Type of Interment</u>	Total (including cremated remains interred)	Less: Cremations reported under common ownership listed above	Net
Burial	-	=	
Entombment in a Mausoleum	-	=	
Inurnment in a Columbarium	-	=	
Total Interments in which fees are due			
Interment Fee		X	\$11.50
TOTAL INTERMENT FEES DUE			

Please make your check payable to the "Cemetery and Funeral Bureau" and send it to the letterhead address.

AUTHORIZED SIGNATURE

DATE

PRINT NAME

TITLE

TELEPHONE NUMBER