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APPLICATION TO SURRENDER ENDOWMENT CARE CEMETERY

Application MUST be approved by the Board PRIOR to surrendering Endowment Care Cemetery.

NAME OF ENDOWMENT CARE CEMETERY:	
D/B/A NAME (if applicable):	
TYPE OF ORGANIZATION (check the appropriate box):	
Sole Proprietorship Partnership LLC LLP C Corp S Corp	
MAILING ADDRESS:	
PHYSICAL ADDRESS (if different from mailing address):	
COUNTY IN WHICH CEMETERY IS SITUATED:	CONGRESSIONAL DISTRICT IN WHICH CEMETERY IS SITUATED:
CEMETERY CONTACT'S E-MAIL ADDRESS:	CEMETERY CONTACT'S TELEPHONE NUMBER:
FEDERAL EMPLOYER IDENTIFICATION NUMBER:	ENDOWMENT CARE CEMETERY REGISTRATION NUMBER:
NAME OF TRUST WITH WHICH THE ENDOWMENT CARE FUND IS HELD:	
TRUSTEE CONTACT NAME:	
ADDRESS OF TRUSTEE:	
TRUSTEE'S E-MAIL ADDRESS:	TRUSTEE'S TELEPHONE NUMBER:
THE FOLLOWING DOCUMENTATION MUST BE SUBMITTED WITH THIS APPLICATION:	
A. A COPY OF THE COMPLETE AND UP-TO-DATE CEMETERY PROPERTY SALES LOG USED BY THE ENDOWMENT CARE CEMETERY BEING SURRENDERED. B. A COPY OF THE ENDOWMENT CARE TRUST AGREEMENT IN PLACE. C. LIST OF NAMES OF EACH CEMETERY SALES CONTRACT PURCHASER ALONG WITH THE CONTRACT TOTAL OF EACH. D. A COPY OF EACH CEMETERY SALES CONTRACT VERSION USED BY THE ENDOWMENT CARE CEMETERY BEING SURRENDERED. E. A COPY OF THE ENDOWMENT CARE CEMETERY REGISTRATION TO BE SURRENDERED.	

I, THE AUTHORIZED REPRESENTATIVE FOR THE ENDOWMENT CARE CEMETERY BEING SURRENDERED, HEREBY AGREE TO AND ACKNOWLEDGE THE FOLLOWING STATEMENTS:

1. SUBMISSION OF THIS APPLICATION IS CONSIDERED NOTICE TO THE BOARD OF THE INTENT OF THE ENDOWMENT CARE CEMETERY TO SURRENDER IT'S ENDOWMENT CARE CEMETERY REGISTRATION, AND UNDERSTAND THAT THIS APPLICATION MUST BE APPROVED BY THE BOARD PRIOR TO SURRENDERING THE REGISTRATION.
2. THE EFFECTIVE DATE OF SURRENDER OF THE ENDOWMENT CARE CEMETERY REGISTRATION WILL BE THE DATE SIGNED BY THE BOARD AS SHOWN BELOW.
3. AN ACCOUNTING SHOWING EACH AND EVERY PAYMENT RECEIVED BY THE ENDOWMENT CARE CEMETERY FOR THE OUTSTANDING CEMETERY SALES CONTRACTS HAS BEEN SUBMITTED WITH THIS APPLICATION.
4. THE ENDOWMENT CARE CEMETERY SHALL CEASE ALL CEMETERY SALES TO THE PUBLIC FROM THE DATE THIS APPLICATION IS SUBMITTED TO THE BOARD. THE DATE OF THE LAST CEMETERY SALES CONTRACT SOLD BY THE ENDOWMENT CARE CEMETERY IS:

5. THE ENDOWMENT CARE CEMETERY HAS COLLECTED AND DEPOSITED INTO TRUST ALL OF THE FUNDS PAID TOWARD CEMETERY SALES CONTRACTS SOLD PRIOR TO THE SUBMISSION OF THIS APPLICATION.
6. ANY TRUST FUNDS DEPOSITED INTO TRUST ON BEHALF OF THE ENDOWMENT CARE CEMETERY BEING SURRENDERED WILL BE KEPT INTACT AND IN TRUST AFTER THE ENDOWMENT CARE CEMETERY BECOMES INACTIVE, AND THE FUNDS IN THAT TRUST WILL BE DISBURSED IN ACCORDANCE WITH THE ALABAMA PRENEED FUNERAL AND CEMETERY ACT OF 2023 UNTIL THE FUNDS HAVE BEEN EXHAUSTED.
7. THE BOARD SHALL CONTINUE TO HAVE JURISDICTION OVER THE INACTIVE ENDOWMENT CARE CEMETERY SO LONG AS THERE ARE FUNDS IN TRUST OR CEMETERY SALES CONTRACTS HAVE NOT BEEN FULFILLED.
8. THE ENDOWMENT CARE CEMETERY WILL SUBMIT ANNUAL INACTIVE PRENEED REPORTS TO THE BOARD UNTIL ALL CEMETERY SALES CONTRACTS HAVE BEEN FULFILLED.
9. THE ALABAMA BOARD OF FUNERAL SERVICES SHALL REQUIRE REPORTS AND EXAMINE RECORDS AS THE BOARD DEEMS APPROPRIATE.
10. THE BOARD MAY IMPOSE FURTHER REQUIREMENTS IN ORDER FOR THE ENDOWMENT CARE CEMETERY TO BE SURRENDERED. THE BOARD SHALL NOTIFY THE ENDOWMENT CARE CEMETERY OF ANY ADDITIONAL REQUIREMENTS VIA E-MAIL, IF ANY.

BY SIGNING THIS APPLICATION, THE AUTHORIZED REPRESENTATIVE OF THE ENDOWMENT CARE CEMETERY BEING SURRENDERED HEREBY CERTIFIES THAT HE OR SHE HAS COMPLIED WITH EACH OF THE ABOVE REQUIREMENTS, AND THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF. THE AUTHORIZED REPRESENTATIVE OF THE ENDOWMENT CARE CEMETERY UNDERSTANDS THAT ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO THE ALABAMA BOARD OF FUNERAL SERVICES OR IT'S REPRESENTATIVES, WILLFULLY FAILS TO MAKE TIMELY DEPOSITS TO TRUST, OR KNOWINGLY WITHDRAWS UNAUTHORIZED FUNDS OR ASSETS FROM A TRUST MAY BE GUILTY OF A FELONY UNDER ALABAMLAW AND SUBJECT TO RESTITUTION, FINES, LOSS OF ANY OR ALL ENDOWMENT CARE CEMEYERY REGISTRATIONS OR OTHER APPLICABLE LICENSES, PRISON, OR ANY COMBINATION THEREOF. THE AUTHORIZED REPRESENTATIVE OF THE ENDOWMWNT CARE CEMETERY BEING SURRENDERED ALSO CERTIFIES THAT HE OR SHE HAS THE RIGHT TO SIGN ON THE ENDOWMENT CARE CEMETERY'S BEHALF.

NAME OF AUTHORIZED REPRESENTATIVE OF ENDOWMENT CARE CEMETERY BEING SURRENDERED:

SIGNATURE OF AUTHORIZED REPRESENTATIVE OF ENDOWMENT CARE CEMETERY BEING SURRENDERED:

DATE SUBMITTED TO THE BOARD:

DATE OF SURRENDER OF ENDOWMENT CARE CEMETERY:

SIGNATURE OF EXECUTIVE DIRECTOR OF THE ALABAMA BOARD OF FUNERAL SERVICES: