



KAY IVEY
GOVERNOR

ALABAMA BOARD OF FUNERAL SERVICES

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CHARLES PERINE
DIRECTOR

APPLICATION TO REGISTER ENDOWMENT CARE CEMETERY

Indicate completion of the items in the checklist by marking the box next to each item. **If the applicant cannot mark all boxes acknowledging each item on the checklist, DO NOT SUBMIT THE APPLICATION.**

| REQUIRED QUALIFICATIONS | MET |
|---|-----------|
| Cemetery is not operated by any governmental agency or religious institution | |
| Cemetery charges fees or sells plots, interment rights, or any related cemetery services or merchandise | |
| Cemetery has established an endowment care trust fund placed with and held by a bank, trust company, savings and loan association, or other financial institution authorized to provide trust services under Title 5, as amended, or under the applicable laws of the United States or any other state, or a board of trustees, consisting of at least three members, who shall reside in the state of Alabama, one of whom is engaged in outside cemetery management, and each of whom shall be bonded to honestly perform the duties of trustee under a formal trust agreement. If a board of trustees is created on or after July 1, 2014, a person serving on the board of trustees or cemetery authority may not also serve as a trustee of an endowment care fund for the cemetery authority. A board of trustees in existence on July 1, 2014, may continue to serve as the trustee of an endowment care fund. | |
| A minimum of \$25,000.00 has been placed into the hands of a qualified trustee designated by the Endowment Care Cemetery seeking registration | |
| REQUIRED DOCUMENTS | SUBMITTED |
| This application completed in its entirety (each question, checkbox, or required attachment should be acknowledged regardless of applicability) | |
| Copy of the Endowment Care Trust Agreement | |
| Explanation of where the cemetery funds are being held if not in a trust | |
| Copy of the plat map of the cemetery | |
| Copy of the cemetery rules and regulations | |
| Copy of the Cemetery Property Sales Log to be used by the cemetery | |
| A complete list of each applicant, owner, partner, member, shareholder, and/or other principal controlling a 10% or greater interest in the entity, and any other individual or officer as may be needed to legally bind the entity (included). | |

- Questions regarding an application should be e-mailed to preneed@fsb.alabama.gov or submitted through our website: www.fsb.alabama.gov > About Us > Contact Us
- No application for application will be considered until all items on the checklist are satisfied, unless otherwise approved by the Board.

ATTENTION: IF ADDITIONAL INFORMATION IS REQUIRED BY THE BOARD, THE REQUESTED INFORMATION MUST BE PROVIDED NO LATER THAN THE DATE GIVEN IN THE REQUEST. FAILURE TO RESPOND TIMELY WILL RESULT IN A DENIAL OF THE APPLICATION.

THIS PAGE CAN BE COPIED AS MANY TIMES AS NECESSARY. PLEASE INDICATE AT THE BOTTOM OF EACH PAGE THE PAGE NUMBER AND THE TOTAL NUMBER OF PAGES.

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|---|---|--------------------------|-------------|--------------------------|-----|--|-----|--------------------------|---------------|--------------------------|---------------|
| NAME OF ENDOWMENT CARE CEMETERY: | | | | | | | | | | | |
| D/B/A NAME (if applicable): | | | | | | | | | | | |
| TYPE OF ORGANIZATION (check one): | | | | | | | | | | | |
| <input type="checkbox"/> | Sole Proprietorship | <input type="checkbox"/> | Partnership | <input type="checkbox"/> | LLC | <input type="checkbox"/> | LLP | <input type="checkbox"/> | C Corporation | <input type="checkbox"/> | S Corporation |
| FULL MAILING ADDRESS (street number, street name, city, state, zip code): | | | | | | CEMETERY'S E-MAIL ADDRESS: | | | | | |
| | | | | | | CEMETERY'S TELEPHONE NUMBER: | | | | | |
| FULL PHYSICAL ADDRESS (if different from mailing address): | | | | | | CEMETERY'S FEDERAL EMPLOYER IDENTIFICATION NUMBER: | | | | | |
| | | | | | | CEMETERY'S FISCAL YEAR END DATE: | | | | | |
| COUNTY IN WHICH BUSINESS ENTITY IS SITUATED: | | | | | | CONGRESSIONAL DISTRICT IN WHICH BUSINESS ENTITY IS SITUATED: | | | | | |
| | | | | | | | | | | | |
| THIS APPLICATION IS ACCOMPANIED BY THE FOLLOWING (check all that apply): | | | | | | | | | | | |
| <input type="checkbox"/> | A copy of the endowment care trust agreement or explanation of where the funds belonging to the cemetery are being kept of there is no endowment care trust established | | | | | | | | | | |
| <input type="checkbox"/> | A copy of the plat map of the cemetery | | | | | | | | | | |
| <input type="checkbox"/> | A copy of the cemetery rules and regulations | | | | | | | | | | |
| <input type="checkbox"/> | A copy of the Cemetery Property Sales Log intended for use by the cemetery | | | | | | | | | | |

**LIST OF PRINCIPALS
GENERAL INSTRUCTIONS**

LIST EACH APPLICANT, OWNER, PARTNER, MEMBER, SHAREHOLDER, AND/OR OTHER PRINCIPAL CONTROLLING A 10% OR GREATER INTEREST IN THE ENTITY, AND ANY OTHER INDIVIDUAL OR OFFICER AS MAY BE NEEDED TO LEGALLY BIND THE ENTITY. INCLUDE THE TITLE OF EACH INDIVIDUAL AS WELL AS THE PERCENTAGE OF OWNERSHIP OF THE ENTITY.

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|---|-------|--------------------------|---------|--------------------------|--------------|-------------------------------|----------|--------------------------|---------|--------------------------|-------------|--------------------------|--------|
| NAME: | | | | | | | | | | | | | |
| FULL MAILING ADDRESS OF PRINCIPAL (street number, street name, city state, zip code): | | | | | | PRINCIPAL'S E-MAIL ADDRESS: | | | | | | | |
| | | | | | | PRINCIPAL'S TELEPHONE NUMBER: | | | | | | | |
| TITLE (check one): | | | | | | | | | | | | | |
| <input type="checkbox"/> | Owner | <input type="checkbox"/> | Partner | <input type="checkbox"/> | Member (LLC) | <input type="checkbox"/> | Director | <input type="checkbox"/> | Officer | <input type="checkbox"/> | Shareholder | <input type="checkbox"/> | Other: |
| PERCENTAGE OF OWNERSHIP: | | | | | | | | | | | | | |
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BY SIGNING BELOW, I CERTIFY THAT I AM AUTHORIZED TO SIGN ON BEHALF OF THE APPLICANT, THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THAT SAID INFORMATION IS SUBMITTED VOLUNTARILY BY ME TO THE ALABAMA BOARD OF FUNERAL SERVICES AS ESSENTIAL DATA IN CONNECTION WITH THE APPLICATION DESCRIBED ABOVE, AND THAT I ACKNOWLEDGE THAT ANY MISSTATEMENT MAY CAUSE THE ALABAMA BOARD OF FUNERAL SERVICES TO INITIATE PROCEEDINGS AGAINST THE APPLICANT.

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| NAME OF AUTHORIZED REPRESENTATIVE OF ENDOWMENT CARE CEMETERY: | |
| SIGNATURE OF AUTHORIZED REPRESENTATIVE OF ENDOWMENT CARE CEMETERY: | |
| DATE SIGNED: | |

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| NAME OF AUTHORIZED REPRESENTATIVE OF ENDOWMENT CARE CEMETERY: | |
| SIGNATURE OF AUTHORIZED REPRESENTATIVE OF ENDOWMENT CARE CEMETERY: | |
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| DATE SIGNED: | |