

Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way
 Madison, WI 53705
 Phone Number: (608) 266-2112

LicensE Portal: LicensE.wi.gov
 Email: dsps@wisconsin.gov
 Website: <http://dsps.wi.gov>

CEMETERY BOARD

CEMETERY ASSOCIATION ANNUAL REPORT

NO FEE REQUIRED

Information: Every Cemetery Association organized under Wis. Stat. § [157.062](#) shall file an annual report with the Cemetery Board. The period covered is January 1st – December 31st of the previous calendar year and is due no later than March 31st.

Exceptions: This report does not apply to any person required to file a report under Wis. Stat. § [180.1622](#) or [181.0214](#) or to cemeteries exempt by Wis. Stat. § [157.625](#).

Name of Cemetery Association	Report Calendar Year (Jan. 1- Dec. 31)
Address of Principal Office of the Association (number, street, city, state, zip code)	Cemetery Association Certification No.
Email Address of <input type="checkbox"/> President (or corresponding officer) or <input type="checkbox"/> Secretary (or corresponding officer)	
List dates and locations of all meetings and elections for reporting year: (Attach additional sheets if necessary.)	
Location of Meeting/Election	Date
	____ / ____ / ____
Location of Meeting/Election	Date
	____ / ____ / ____

List each officer, director, and trustee of the Cemetery Association: (Attach additional sheets if necessary.)

Last Name	First Name	Title
Home Address (number street, city, state, zip code)		
Business Address (number street, city, state, zip code)		

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Business Address (number street, city, state, zip code)		

List each shareholder who beneficially owns, holds, or has the power to vote 5% or more of any class of securities issued by the Cemetery Association: (Attach additional sheets if necessary.)

Last Name	First Name	Title
Home Address (number street, city, state, zip code)		
Business Address (number street, city, state, zip code)		

Last Name	First Name	Title
Home Address (number street, city, state, zip code)		
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The Cemetery Association engaged in the operation of a cemetery during the reporting year. Yes No

I certify that the information reported on this form is true and correct to the best of my knowledge and belief.

Signature of President (or corresponding officer)	Date
	___ / ___ / _____
Printed Name of President (or corresponding officer)	Phone Number
	___ - ___ - _____
Signature of Secretary (or corresponding officer)	Date
	___ / ___ / _____
Printed Name of Secretary (or corresponding officer)	Phone Number
	___ - ___ - _____