

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8368  
 Madison, WI 53708-8935  
**FAX #:** (608) 251-3036  
**Phone #:** (608) 266-2112

**Office Location:** 4822 Madison Yards Way  
 Madison, WI 53705  
**E-Mail:** [dps@wisconsin.gov](mailto:dps@wisconsin.gov)  
**Website:** <http://dps.wi.gov>

## CEMETERY BOARD

### ANNUAL CERTIFICATIONS OF RELIGIOUS ASSOCIATIONS

#### NO FEE REQUIRED

Annual certification must be completed for each religious association or cemetery authority of a cemetery that is affiliated with a religious association. Complete the applicable Section(s) and the Acknowledgement on page 2. (Attach additional sheets if necessary.)

#### Section A: To be Completed for Each Religious Cemetery

**Name and Address of Cemetery:** (street, city, state, zip code)

**Name of Cemetery Authority or Religious Association:**

**Daytime Telephone Number**

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**Address of Cemetery Authority or Religious Association:** (street, city, state, zip)

**Cemetery Authority or Religious Association FEIN\***

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\*Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.

**ANSWER THE FOLLOWING QUESTIONS.** (Attach additional sheets if necessary.)

1. The cemetery authority fully complies with Wis. Stat. §§ 157.11(9g)(c) and 157.12(3).  Yes  No

2. Has the cemetery authority engaged in preneed sales?  Yes  No

**If yes, complete Section B.**

#### Section B: To be Completed for Each Preneed Seller of a Religious Cemetery

**Name and Address of Cemetery:** (street, city, state, zip)

**Name of Employee who Practiced as a Preneed Seller**

**Social Security # of Preneed Seller\***

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**Address of Preneed Seller** (street, city, state, zip code)

**Credential Number of Preneed Seller**

**ANSWER THE FOLLOWING QUESTION.** (Attach additional sheets if necessary.)

1. The cemetery authority (ies) and preneed seller(s) fully comply with Wis. Stat. §§ 440.92(2), (3)(a) and (b) and (5).

Yes  No

# Wisconsin Department of Safety and Professional Services

## Section C: To be Completed for Each Religious Association with a Columbarium

Name of Authorized Agent of the Religious Association

Daytime Telephone Number

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Name and Address of Religious Association where the Columbarium is Located: (street, city, state, zip code)

**ANSWER THE FOLLOWING QUESTIONS.** (Attach additional sheets if necessary.)

1.	The religious association fully complies with Wis. Stat. § 157.123(2)(d).	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	The columbarium meets the requirements of Wis. Stat. §§ 157.123(2)(a), (2)(b) and (2)(c).	<input type="checkbox"/> Yes <input type="checkbox"/> No

### TO BE COMPLETED FOR ALL CERTIFICATIONS:

**Cemetery Authority or Authorized Agent of Religious Association must sign.**

I hereby 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.

Name of Cemetery Authority or Authorized Agent:

Title:

Signature of Cemetery Authority or Agent:  
**(Print and Sign Form)**

Date:

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Subscribed and sworn before me on this

		day of		, 20		
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Signature of Notary Public: **(Print and Sign Form)**

Date Commission Expires:

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