

Wisconsin Department of Safety and Professional Services

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

Office Location: 4822 Madison Yards Way
 Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

CEMETERY BOARD

CEMETERY ASSOCIATION ANNUAL REPORT

NO FEE REQUIRED

Information: Every Cemetery Association organized under Wis. Stats. § 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. Stats. § 180.1622 or 181.1622 or to cemeteries exempt by Wis. Stats. § 157.625.

Name of Cemetery Association <input type="text"/>	Report Calendar Year (Jan. 1- Dec. 31) <input type="text"/>
Address of Principal Office of the Association (street, city, state, zip) <input type="text"/>	Daytime Telephone Number <input type="text"/>
Email Address of Chairperson or Secretary <input type="text"/>	

List dates and locations of all meeting and elections for reporting year: (attach additional sheet(s) if necessary)

Location of Meeting/Election <input type="text"/>	Date <input type="text"/>
Location of Meeting/Election <input type="text"/>	Date <input type="text"/>

List each officer, director and trustee of the Cemetery Association: (attach additional sheet(s) if necessary)

Last Name <input type="text"/>	First Name <input type="text"/>	Title <input type="text"/>
Home Address (street, city, state, zip) <input type="text"/>		
Business Address (street, city, state, zip) <input type="text"/>		

Last Name <input type="text"/>	First Name <input type="text"/>	Title <input type="text"/>
Home Address (street, city, state, zip) <input type="text"/>		
Business Address (street, city, state, zip) <input type="text"/>		

Last Name <input type="text"/>	First Name <input type="text"/>	Title <input type="text"/>
Home Address (street, city, state, zip) <input type="text"/>		
Business Address (street, city, state, zip) <input type="text"/>		

Wisconsin Department of Safety and Professional Services

Last Name <input style="width: 95%;" type="text"/>	First Name <input style="width: 95%;" type="text"/>	Title <input style="width: 95%;" type="text"/>
Home Address (street, city, state, zip) <input style="width: 98%;" type="text"/>		
Business Address (street, city, state, zip) <input style="width: 98%;" type="text"/>		

Last Name <input style="width: 95%;" type="text"/>	First Name <input style="width: 95%;" type="text"/>	Title <input style="width: 95%;" type="text"/>
Home Address (street, city, state, zip) <input style="width: 98%;" type="text"/>		
Business Address (street, city, state, zip) <input style="width: 98%;" type="text"/>		

Last Name <input style="width: 95%;" type="text"/>	First Name <input style="width: 95%;" type="text"/>	Title <input style="width: 95%;" type="text"/>
Home Address (street, city, state, zip) <input style="width: 98%;" type="text"/>		
Business Address (street, city, state, zip) <input style="width: 98%;" type="text"/>		

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 sheet(s) if necessary)

Last Name <input style="width: 95%;" type="text"/>	First Name <input style="width: 95%;" type="text"/>	Title <input style="width: 95%;" type="text"/>
Home Address (street, city, state, zip) <input style="width: 98%;" type="text"/>		
Business Address (street, city, state, zip) <input style="width: 98%;" type="text"/>		

Last Name <input style="width: 95%;" type="text"/>	First Name <input style="width: 95%;" type="text"/>	Title <input style="width: 95%;" type="text"/>
Home Address (street, city, state, zip) <input style="width: 98%;" type="text"/>		
Business Address (street, city, state, zip) <input style="width: 98%;" type="text"/>		

Last Name <input style="width: 95%;" type="text"/>	First Name <input style="width: 95%;" type="text"/>	Title <input style="width: 95%;" type="text"/>
Home Address (street, city, state, zip) <input style="width: 98%;" type="text"/>		
Business Address (street, city, state, zip) <input style="width: 98%;" type="text"/>		

Wisconsin Department of Safety and Professional Services

Last Name <input style="width: 95%;" type="text"/>	First Name <input style="width: 95%;" type="text"/>	Title <input style="width: 95%;" type="text"/>
Home Address (street, city, state, zip) <input style="width: 98%;" type="text"/>		
Business Address (street, city, state, zip) <input style="width: 98%;" type="text"/>		

Last Name <input style="width: 95%;" type="text"/>	First Name <input style="width: 95%;" type="text"/>	Title <input style="width: 95%;" type="text"/>
Home Address (street, city, state, zip) <input style="width: 98%;" type="text"/>		
Business Address (street, city, state, zip) <input style="width: 98%;" type="text"/>		

Last Name <input style="width: 95%;" type="text"/>	First Name <input style="width: 95%;" type="text"/>	Title <input style="width: 95%;" type="text"/>
Home Address (street, city, state, zip) <input style="width: 98%;" type="text"/>		
Business Address (street, city, state, zip) <input style="width: 98%;" type="text"/>		

Last Name <input style="width: 95%;" type="text"/>	First Name <input style="width: 95%;" type="text"/>	Title <input style="width: 95%;" type="text"/>
Home Address (street, city, state, zip) <input style="width: 98%;" type="text"/>		
Business Address (street, city, state, zip) <input style="width: 98%;" type="text"/>		

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 Chairperson: Date: / /

Signature of Secretary: Date: / /