

Wisconsin Department of Safety and Professional Services

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CEMETERY BOARD

REORGANIZATION OF A CEMETERY ASSOCIATION

Information: Submit this form and a copy of the proceedings from the meeting, signed by the secretary of the Association, after holding a meeting, pursuant to a notice published in accordance with Wis. Stats. § 985 for the purpose of reorganizing the Association and electing trustees.

Reason for Reorganization: <input type="checkbox"/> The Association was dissolved by failure to hold an annual election for three (3) consecutive years. <input type="checkbox"/> The Association was never properly organized as a Cemetery Association.	
Name of Association (continue name of dissolved Association or adopt new name) <input style="width:95%;" type="text"/>	Date of Meeting to Reorganize the Association <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
County where all Members Reside <input style="width:95%;" type="text"/>	Date of Annual Meeting: (month/day) <input type="text"/> / <input type="text"/>
Address of Principal Office of the Association (street, city, state, zip) <input style="width:95%;" type="text"/>	Daytime Telephone Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>
Chairperson selected by the Members <input style="width:95%;" type="text"/>	Chairperson of the Cemetery Association's Signature <input style="width:95%;" type="text"/>
Secretary selected by the Members <input style="width:95%;" type="text"/>	Secretary of the Cemetery Association's Signature <input style="width:95%;" type="text"/>
Email Address of Chairperson or Secretary <input style="width:95%;" type="text"/>	

Members: List minimum of five (5) members who all reside in the county listed above. (attach additional sheet(s) if necessary)

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

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

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

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4. Last Name <input style="width: 95%;" type="text"/>	First Name <input style="width: 95%;" type="text"/>	MI <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"/>		

5. Last Name <input style="width: 95%;" type="text"/>	First Name <input style="width: 95%;" type="text"/>	MI <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"/>		

6. Last Name <input style="width: 95%;" type="text"/>	First Name <input style="width: 95%;" type="text"/>	MI <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"/>		

7. Last Name <input style="width: 95%;" type="text"/>	First Name <input style="width: 95%;" type="text"/>	MI <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"/>		

Trustees: List minimum of three (3) and maximum of nine (9) who were elected by the Members to hold office for the terms indicated below:
(attach additional sheet(s) if necessary)

CLASS 1: One Year Term

Last Name <input style="width: 95%;" type="text"/>	First Name <input style="width: 95%;" type="text"/>	MI <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"/>	MI <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"/>		

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CLASS 2: Two Year Term

Last Name <input style="width: 95%;" type="text"/>	First Name <input style="width: 95%;" type="text"/>	MI <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"/>	MI <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"/>		

CLASS 3: Three Year Term

Last Name <input style="width: 95%;" type="text"/>	First Name <input style="width: 95%;" type="text"/>	MI <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"/>	MI <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"/>		

CONTINUING DUTY OF DISCLOSURE:

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT:

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Continuing Duty of Disclosure and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature of Chairperson or Secretary:
(Print and Sign Form)

Date: / /

#3172 (Rev. 9/18)
Ch. 157, Stats.