

Wisconsin Department of Safety and Professional Services

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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 code)

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 code)

Name of Employee who Practiced as a Preneed Seller

Social Security Number 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:
(If unable to provide a digital signature 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:
(If unable to provide a digital signature print and sign form.)

Date Commission Expires:

[]	[]	/	[]	[]	/	[]	[]	[]	[]
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