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 dsps@wisconsin.gov http://dsps.wi.gov

CEMETERY BOARD

CEMETERY ASSOCIATION ANNUAL REPORT

NO FEE REQUIRED

Information: Every Cemetery Association organized under Wis. Stat. § <u>157.062</u> 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. § $\underline{180.1622}$ or $\underline{181.0214}$ or to cemeteries exempt by Wis. Stat. § $\underline{157.625}$.

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.		
Address of Trincipal Office of the Association (number, street	t, city, state, zip code)	Cemetery Association Certification No.		
Email Address of President (or corresponding officer) of	r Secretary (or con	rresponding officer)		
		11111		
List dates and locations of all meetings and elections for rep	- · ·			
Location of Meeting/Election		Date		
		/ /		
Location of Meeting/Election		Date		
Location of Meeting Election		/ /		
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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)		L		
Home Address (number street, erry, state, zip code)				
Business Address (number street, city, state, zip code)				
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Last Name	First Name	Title		
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Business Address (number street, city, state, zip code)				
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Business Address (number street, city, state, zip code)				

Wisconsin Department of Safety and Professional Services

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

#3171 (Rev. 9/11/2023) Wis. Stat. ch. 157