

New Jersey Office of the Attorney General

Division of Consumer Affairs New Jersey Cemetery Board 124 Halsey Street, 6th Floor, P.O. Box 45036 Newark, New Jersey 07101 (973) 504-6553

Application and Information Sheet for Certificate of Authority In accordance with N.J.S.A. 45:27-7 and N.J.A.C. 13:44J-13.1

Name of Cemetery:						
Address:						
Street or P.O. Box	ζ.	City	S	tate ZII	P code	County
Mailing Address (If different th	an above.):					
Street or P.O. Bo		City	S	tate ZII	P code	County
Telephone number (include area code	Co	ontact Person:				
E-mail Address						
		Organized Unde	er			
□ Special Act	□ <u>N.J.S.</u>	<u>A.</u> Title 8 or 8A		<u>N.J.S.A.</u> Tit	le 16 (Religio	us Corporation)
Cemetery Act of 1851	□ <u>N.J.S.</u>	<u>A.</u> Title 14		Unincorpora	ated	
Cemetery Act of 1875	□ <u>N.J.S.</u>	<u>A.</u> Title 15 or 15A		<u>N.J.S.A.</u> Ch	apter 45	
Date Organized:		Date of Inco	poration: _			
		Type of Cemeter	y			
□ Lot Owners Association	□ Owned	d by Shareholder		Non-Profit	□ F	Profit
Other (explain):						
Religious:		Name and Address of Church or Synage	ogue as Owner of C	'emetery		
Do you inter persons other than					Yes	🗌 No
Will you be a cemetery manage If "Yes," please submit a list of			ging.		☐ Yes	🗆 No

Total Acreage:	Acres Developed:	Acres Sold:		
Is there a Public Mausoleum? \Box	Yes 🗌 No	Is there a Crematory?	🗆 No	
Fiscal Year-Ends				
Date and Time of Annual Lot Owner's Meeting				
Name and Address of Custodial In	stitution Maintaining Mainta	enance and Preservation Fund:		
Book Value of M&P Fund:				
Market Value of M&P Fund:				

Names and Addresses of Trustees or Directors:

Name	Street Address	City	State	ZIP code
Name	Street Address	City	State	ZIP code
Name	Street Address	City	State	ZIP code
Name	Street Address	City	State	ZIP code
Name	Street Address	City	State	ZIP code
Name	Street Address	City	State	ZIP code
Name	Street Address	City	State	ZIP code
Name	Street Address	City	State	ZIP code
Name	Street Address	City	State	ZIP code
Name	Street Address	City	State	ZIP code
Name	Street Address	City	State	ZIP code
Name	Street Address	City	State	ZIP code

Name and Address of Officers:

President - Name	Street Address	City	State	ZIP code
Vice-President - Name	Street Address	City	State	ZIP code
Secretary - Name	Street Address	City	State	ZIP code
Treasurer - Name	Street Address	City	State	ZIP code

In accordance with <u>N.J.A.C.</u> 13:44J-13.1, please submit the following along with this application:

- 1. Application fee of \$500.00 (see <u>N.J.A.C.</u> 13:44J-3.1 (a) 1iv(1)) made payable to the State of New Jersey.
- 2. Copy of Articles of Incorporation and/or Charter and the By Laws.
- 3. Cemetery's Rules and Regulations.
- 4. Cemetery's price list for interment space and services.
- 5. Map of cemetery.
- 6. Copy of the statement from a financial institution listing the assets of the M&P Fund signed by a Trust Officer.

Above items must be mailed to:	New Jersey Cemetery Board
	P.O. Box 45036
	Newark, New Jersey 07101

AFFIDAVIT

State o	f	J	
County	/ of	<i>} ss.</i>	
Ι		(of full age, being duly sworn according to law,
upon tl	nis oath, depose and say that:		
1.			<u>A.</u> 45:27 <u>et seq</u> . and <u>N.J.A.C.</u> 13:44J and other Department of Health and the Department of
2.	I reside at		·
3.	I am the	of	
	Title		Name of Cemetery
	The applicant named in this	application and the stateme	ents contained herein are true to the best of my
	knowledge and belief.		
	& Subscribed before me		7
uns	day of,		Signature of Cemetery Official
	Signature of Notary Public Date commission expires	Affix Seal Here	Corporate Seal