

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 Approval to Construct and Operate a Crematory

In accordance with N.J.S.A. 45:27-39 and N.J.A.C. 13:44J-9.1

Name of Applicant:					
Address:					
Street or P.O. Bo	X	City	State	ZIP code	County
Mailing Address (If different t	han above.):				
Street or P.O. Box		City	State	ZIP code	County
Telephone number (include area code) E-ma		C	ontact Person:		
	Org	ganized Unde	er		
□ Special Act	\square <u>N.J.S.A.</u> Title 8	3 or 8A	<u>N.J.S.</u>	<u>A.</u> Title 16 (Rel	igious Corporation)
□ <u>N.J.S.A.</u> Title 14	□ <u>N.J.S.A.</u> Title 1	15 or 15A	□ <u>N.J.S.A.</u> Chapter 45		
Cemetery Act of 1851	Cemetery Act of	of 1875	□ Unincorporated		
Date Organized: Date of Incoporation:					
	Тур	e of Cemeter	·у		
□ Non-Profit	□ Profit				
Religious:					
□ Municipal	Governmental		gue as Owner of Cemetery		
□ Other (explain):					

NOTE: The New Jersey Cemetery Board approval is required to construct all Crematories in the State of New Jersey.

1. Are the						
	re outstanding certificates of	indebtedness?	□ Yes	🗌 No		
2. Are then	Are there outstanding certificates of interest? \Box Yes \Box No					
3. If you a	If you answered "Yes" to either 1 or 2 above, please provide the following information:					
b. Initc. Datd. Cut	 b. Initial Value: c. Date Issued: d. Current Value: 					
4. If you f	If you file a 990, please submit a copy of last 2 fiscal years with this application.					
	If you do not file a 990 and are a for profit company, please submit a profit loss statement for the last 2 fiscal years and identify any and all owners of stock or other interest.					
Please prov	vide the following cemeter	ry information:	:			
1. Total A	creage:	Acres Deve	eloped:		_ Acres Sold:	
2. Fiscal	Fiscal Year-End-Date:					
3. Date, T	. Date, Time and Place of Annual Lot Owner's Meeting:					
4. If not le	I. If not lot owner, Date, Time and Place of Annual Meeting:					
5. Copies	of the minutes reflecting co	onsideration and	Trustee app	roval of the	Crematory Construc	tion.
6. Name a	and Address of Custodial Ir	nstitution Mainta	aining Maint	enance and l	Preservation Fund:	
7. Book V	alue of M&PFund:					
	alue of M&P Fund: Value of M&P Fund:					
8. Market						
8. Market	Value of M&PFund:	or Directors: s address. If you	u provide yo	our residence	e address, the New J	lersey Cemetery
 Market Names 	Value of M&PFund: and Addresses of Trustees : You must list a business Board will accept this	or Directors: s address. If you	u provide yo	our residence	e address, the New J	lersey Cemetery
 Market Names NOTE 	Value of M&P Fund: and Addresses of Trustees : You must list a business Board will accept this	or Directors: s address. If you submission as p	u provide yo	ur residence o release yo	e address, the New J ur residence addre	lersey Cemetery ss upon request.
 Market Names NOTE 	Value of M&P Fund: and Addresses of Trustees : You must list a business Board will accept this ¹⁰	or Directors: s address. If you submission as p	u provide yo	our residence o release yo _{City}	e address, the New J ur residence addre	Jersey Cemetery ss upon request.
 Market Names NOTE Nar Nar 	Value of M&P Fund: and Addresses of Trustees You must list a business Board will accept this ¹⁰	or Directors: s address. If you submission as p Street Address	u provide yo	our residence o release yo ^{City}	e address, the New J our residence addres State	Jersey Cemetery ss upon request. ZIP code
8. Market 9. Names NOTE Nar Nar Nar Nar	Value of M&P Fund: and Addresses of Trustees You must list a business Board will accept this ¹⁰ ¹⁰	or Directors: s address. If you submission as p Street Address Street Address Street Address	u provide yo	our residence o release yo City City City	e address, the New J ur residence addres State State State	Jersey Cemetery ss upon request. ZIP code ZIP code ZIP code

Name

Name

Name

Street Address

Street Address

Street Address

City

City

City

State

State

State

ZIP code

ZIP code

ZIP code

10. Name and Address of Officers:

NOTE: You must list a business address. If you provide your residence address, the New Jersey Cemetery Board will accept this submission as permission to release your residence address upon request.

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

Crematory Application Elements

In accordance with N.J.A.C. 13:44J-13.8, please submit the following along with this application:

- 1. Copy of all municipal, zoning and planning board approvals, submitted to the Department of Environmental Protection and approvals issued for the construction and operation of the crematory.
- 2. Copy of construction plans for the crematory, including a map identifying the proposed location and construction financing.
- 3. Copy of proposed cremation procedures, price list of services including cremation fees, and a copy of the proposed cremation authorization and receipt forms.
- 4. If applicant holds a certificate of authority issued by the New Jersey Cemetery Board, a statement from a financial institution listing the current assets of the Maintenance & Preservation Fund.

This application and all supporting documents shall be sent to the New Jersey Cemetery Board at the address listed below by delivery service providing a receipt for delivery.

New Jersey Cemetery Board P.O. Box 45036 Newark, New Jersey 07101

NOTE: If there are any additions of changes to the information provided in this application, you are to submit the new information to the New Jersey Cemetery Board within 10 days.

AFFIDAVIT

State of		J	
County	of	ss.	
Ι			_ of full age, being duly sworn according to law,
upon th	is oath, depose and say that:		
1.	I am the	of	
	Title		Name of Cemetery
	and authorized to submit this	application on behalf of _	
			Name of Cemetery
2.	I have reviewed and underst	and the provisions of <u>N.J.</u>	<u>S.A.</u> 45:27 <u>et seq</u> . and <u>N.J.A.C.</u> 13:44J.
3.			tions governing the construction and operation of o comply with all applicable federal, state and local

The applicant named in this application and the statements contained herein are true to the best of my knowledge and belief.

Sworn & Subscribed before me		
this day of,	Affix Seal Here	Signature of Cemetery Official
Signature of Notary Public	Allix Seal Here	Corporate Seal
Date commission expires		

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