

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 N.J.A.C. 13:44J-13.1, please submit the following along with this application:

1. Application fee of \$500.00 (see N.J.A.C. 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 of _____ }
County of _____ } ss.

I _____ of full age, being duly sworn according to law, upon this oath, depose and say that:

1. I have reviewed and understand the provisions of N.J.S.A. 45:27 et seq. and N.J.A.C. 13:44J and other applicable regulations promulgated by the New Jersey Department of Health and the Department of Environmental Protection.

2. I reside at _____ .

3. I am the _____ of _____ .

Title

Name of Cemetery

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 _____, _____
Month Year

Signature of Notary Public

Date commission expires



Signature of Cemetery Official

Corporate Seal