

**COMMONWEALTH OF KENTUCKY  
OFFICE OF THE ATTORNEY GENERAL**

**CEMETERY COMPANY**

**and/or**

**PRE-NEED  
CEMETERY MERCHANDISE SELLER**

**REGISTRATION**

**APPLICATION**

**(CPN-4)**

**Return To:  
Compliance and Registration Branch  
Office of the Attorney General  
Office of Consumer Protection  
1024 Capitol Center Drive, Ste. 200  
Frankfort, Kentucky 40601-8204**

## **INSTRUCTIONS**

**You must submit a filing fee in the amount of \$50 with your application. Checks should be made payable to the Commonwealth of Kentucky (this is not necessary if you are filing an application for exemption)**

**A separate application is required for each location**

**This application must be executed by each incorporator, principal stockholder owning ten percent (10%) of total shares, director, officer, and general manager associated with the corporation herein named, or, if a sole proprietorship or partnership, by all owners or general partners**

***The following documents must accompany each application:***

- / A certified copy of the Articles of Incorporation, Articles of Organization, Articles of Partnership, or a copy of your partnership agreement (if applicable).**
- / A copy of the By-Laws (if applicable).**
- / If this is a new cemetery, a certificate from the agency having jurisdiction over zoning matters stating that the property on which the cemetery is located is properly zoned for that purpose and the applicant has complied with zoning ordinances.**
- / A statement of the applicant's proposed plan of operation.**
- / If a foreign corporation, evidence of qualification to do business in Kentucky.**
- / A certified copy of the perpetual care trust agreement, cemetery merchandise agreement, pre-need burial trust agreement, and pre-construction trust agreement. If this application is for a new cemetery, provide proof of deposit of initial contribution to the perpetual care trust fund.**
- / If applicant is an existing corporation, partnership, or sole proprietorship, attach a complete and detailed financial statement for the last three (3) years showing assets, liabilities, and reserves.**
- / If you are a new corporation, partnership, or sole proprietorship, attach a complete and detailed financial statement including estimated receipts from all sources (including capitalization, sales, loans, etc.) and estimated expenditures for the next two (2) years. Please attach a separate sheet.**
- / If this is a stock sale, a Certificate of Good Standing from the Secretary of**

**State is required.**

**SCHEDULE A  
CPN-4**

1. Name of cemetery \_\_\_\_\_

2. Mailing address of cemetery \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

3. Location of cemetery \_\_\_\_\_

4. Telephone number (on site) \_\_\_\_\_

5. Total acreage developed \_\_\_\_\_

Total acreage undeveloped \_\_\_\_\_

Total acreage sold to date \_\_\_\_\_

6. Amenities: (please check)

Mausoleums \_\_\_\_\_

Crematory \_\_\_\_\_

Lawn Crypt Projects \_\_\_\_\_

Columbarium \_\_\_\_\_

Scattering Garden \_\_\_\_\_

7. Services Offered: (please check)

At-Need \_\_\_\_\_

Pre-Need Burial/Funeral \_\_\_\_\_

Pre-Need Cemetery Merchandise \_\_\_\_\_

Pre-Construction \_\_\_\_\_

8. Please furnish the name and address of the financial institution holding the **business bank account**.

Name \_\_\_\_\_

Address \_\_\_\_\_

City, state and zip \_\_\_\_\_

Account Number \_\_\_\_\_

9. Please furnish the name and address of the financial institution holding the **perpetual care and maintenance trust fund** monies:

Name \_\_\_\_\_

Address \_\_\_\_\_

City, state and zip \_\_\_\_\_

Account Number \_\_\_\_\_

Principal Balance \_\_\_\_\_

Interest Balance \_\_\_\_\_

Account Balance \_\_\_\_\_

10. Please furnish the name and address of the financial institution holding the **cemetery merchandise trust fund** monies:

Name \_\_\_\_\_

Address \_\_\_\_\_

City, state and zip \_\_\_\_\_

Account Number \_\_\_\_\_

Principal Balance \_\_\_\_\_

Interest Balance \_\_\_\_\_

Account Balance \_\_\_\_\_

11. Please furnish the name and address of the financial institution holding the **pre-need burial contract trust fund** monies (for pre-need sales of vaults, caskets, or grave opening and closing services):

Name \_\_\_\_\_

Address \_\_\_\_\_

City, state and zip \_\_\_\_\_

Account Number \_\_\_\_\_

PNBL # \_\_\_\_\_

12. Please furnish the following information regarding the mausoleum building on the cemetery premises:

Number of crypts/niches: \_\_\_\_\_

Have all mausoleum crypts/niches sold been constructed? \_\_\_\_\_

If not, the first date of the sale of crypts/niches: \_\_\_\_\_

If not, date construction began: \_\_\_\_\_

If not, PCSP #: \_\_\_\_\_

If not, number of crypts/niches remaining to be constructed: \_\_\_\_\_

13. Please furnish the following information regarding underground (lawn) crypts:

Have all underground (lawn) crypts sold been constructed? \_\_\_\_\_

If not, the number of crypts remaining to be constructed: \_\_\_\_\_

If not, the first date of the sale of crypts: \_\_\_\_\_

If not, date construction began: \_\_\_\_\_

If not, PCSP #: \_\_\_\_\_

If there are multiple pre-construction projects, please attach a separate sheet.

14. Does the owning entity, or has it in the past, operated one or more cemeteries in any state other than Kentucky? State as to each.

Name \_\_\_\_\_

Address \_\_\_\_\_

City, state and zip code \_\_\_\_\_

Dates operated \_\_\_\_\_

\_\_\_\_\_

You may attach additional sheets, as necessary.

**SCHEDULE B**  
**CPN-4**

You must complete either the corporate, the partnership, sole proprietorship or municipality section.

**If applicant is an existing corporation, partnership, or sole proprietorship**, attach a complete and detailed financial statement for the last three years, showing assets, liabilities, and reserves.

**If you are a new corporation, partnership, or sole proprietorship**, attach a complete and detailed financial statement including estimated receipts from all sources (including capitalization, sales, loans, etc.) and estimated expenditures for the next two (2) years. Please attach a separate sheet.

**If this is a stock sale**, a Certificate of Good Standing from the Secretary of State is required.

**1. CORPORATE INFORMATION:**

Name of parent corporation \_\_\_\_\_

State of incorporation \_\_\_\_\_

Corporate headquarters mailing address \_\_\_\_\_

City, state and zip code \_\_\_\_\_

Kentucky business address (*if different than cemetery address*) \_\_\_\_\_

\_\_\_\_\_

Kentucky business telephone number \_\_\_\_\_

Date of incorporation \_\_\_\_\_

Name of resident process agent \_\_\_\_\_

Address of resident process agent \_\_\_\_\_

\_\_\_\_\_

City, state and zip code \_\_\_\_\_

Tax identification number \_\_\_\_\_

List the name and address of each incorporator, principal stockholder (owning 10% or more), director, officer, and general manager stating as to each:

Name \_\_\_\_\_

Title/Position \_\_\_\_\_

Resident Address \_\_\_\_\_

City, state and zip \_\_\_\_\_

Social Security Number \_\_\_\_\_

Name \_\_\_\_\_

Title/Position \_\_\_\_\_

Resident Address \_\_\_\_\_

City, state and zip \_\_\_\_\_

Social Security Number \_\_\_\_\_

Name \_\_\_\_\_

Title/Position \_\_\_\_\_

Resident Address \_\_\_\_\_

City, state and zip \_\_\_\_\_

Social Security Number \_\_\_\_\_

You may attach separate sheets, as necessary.

**2. PARTNERSHIP INFORMATION:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, state and zip \_\_\_\_\_  
Position Held \_\_\_\_\_  
Social Security Number \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, state and zip \_\_\_\_\_  
Position Held \_\_\_\_\_  
Social Security Number \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, state and zip \_\_\_\_\_  
Position Held \_\_\_\_\_  
Social Security Number \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, state and zip \_\_\_\_\_  
Position Held \_\_\_\_\_  
Social Security Number \_\_\_\_\_

**3. SOLE PROPRIETORSHIP:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, state and zip \_\_\_\_\_  
Social Security Number \_\_\_\_\_

**4. MUNICIPALITY:**

Name of municipality

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Address where records are held

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Telephone number where records are held

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Name of person responsible for records

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Title of person responsible for records

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**REQUIRED SIGNATURE PAGE**

\_\_\_\_\_ I/we agree to deposit funds in compliance with Kentucky's cemetery and pre-need funeral laws. I state under penalty of law that the above information is true to the best of my knowledge, and I agree to notify the Attorney General within sixty (60) days of any material change in the above information. I represent that I am not insolvent, nor have I conducted business in a fraudulent manner and that I am duly authorized to do business in this state. I agree that the registration, if granted, may be revoked in accordance with KRS Chapter 13B if I violate any laws of Kentucky pertaining to trust funds or contracts or violate any administrative regulations of the Attorney General affecting said funds or contracts. I state that I am authorized to complete this form on behalf of the business.

This the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Title of Position Held

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Title of Position Held

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Title of Position Held

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Signature of Applicant

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Title of Position Held

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Signature of Applicant

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Title of Position Held

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Title of Position Held

**SCHEDULE C**  
**CPN-4**

Complete this section only if you are applying for exemption consideration.

**CEMETERY GENERAL INFORMATION:**

1. Tax Exempt Number \_\_\_\_\_

2. Please provide the following information regarding the entity that owns the cemetery:

\_\_\_\_\_ Religious Group                      \_\_\_\_\_ Private Family Burial Ground  
\_\_\_\_\_ Non-Profit Organization              \_\_\_\_\_ Sole Proprietorship

3. Name of Cemetery \_\_\_\_\_

4. Location of Cemetery \_\_\_\_\_

City, state and zip code \_\_\_\_\_

5. Total number of acres \_\_\_\_\_

Total number of acres plotted \_\_\_\_\_

Total number of graves \_\_\_\_\_

6. Total number of graves available \_\_\_\_\_

Total number of graves used \_\_\_\_\_

7. Do you provide spaces to the general public?                      9Yes 9No

Current charge for one grave space \_\_\_\_\_

Current charge for opening/closing grave \_\_\_\_\_

8. What arrangements have been made for perpetual care and maintenance expenses? Attach a copy of the arrangements (by-laws, trust agreements, etc.).

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9. Please list the names and address of those individuals who are responsible for the day-to-day operation of the cemetery (people who make maintenance decisions, accept payments, plot spaces, keep records, etc.):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please attach any articles of organization, by-laws, or other information concerning the responsibilities of these individuals, how they are elected/appointed, the terms that they serve, and the method of reporting the operation of the cemetery to the lot owners.

See page 12 for *Affidavit of Exemption*

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**COMMONWEALTH OF KENTUCKY  
OFFICE OF THE ATTORNEY GENERAL  
AFFIDAVIT OF CEMETERY EXEMPTION**

I, \_\_\_\_\_ hereby swear, under penalty of  
(print name)  
perjury, that the following statements are true and complete to the best of my knowledge and belief:

\_\_\_\_\_  
(name of cemetery)

Located at \_\_\_\_\_  
(address)

meets the following qualifications for exemption as set forth in KRS 367.932(12):

- \_\_\_\_\_ Operates Non-Profit;
- \_\_\_\_\_ Has no salaried employees, directors, officers, or managers other than maintenance caretakers;
- \_\_\_\_\_ Is owned and operated by lot owners; and
- \_\_\_\_\_ Does not sell any pre-need merchandise or services

By signing this affidavit, I am certifying that I am authorized to sign on behalf of the above named cemetery. If any of the above statements should change I will notify the Office of the Attorney General within thirty (30) days.

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

County of \_\_\_\_\_)

State of \_\_\_\_\_)

Subscribed and sworn to before me by \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires \_\_\_\_\_

