



# Certificate of Authority (Cemetery)

## 2024 1<sup>st</sup> Quarter Report

<i>For Bureau Use Only</i>	
License Number	
Receipt Number	
Date Processed	

**Due on or before: April 30, 2024**

**Cemetery Name:** \_\_\_\_\_

**Cemetery License Number: COA** \_\_\_\_\_

Report the total number of interments from January 1, 2024 through March 31, 2024. Reduce the total number of interments by the number of cremations performed by the licensed crematory located on the grounds of the cemetery and under common ownership. The licensed crematory will report those cremations on their crematory quarterly report form.

If the number of interments is being reduced for any cremations performed by a crematory located on the grounds of a cemetery and under common ownership with the cemetery, list the license number and date issued:

CR License No. \_\_\_\_\_ Date Issued \_\_\_\_\_

<u>Type of Interment</u>	Total (including cremated remains interred)	Less: Cremations reported under common ownership listed above	Net
Burial		-	=
Entombment in a Mausoleum		-	=
Inurnment in a Columbarium		-	=
<b>Total Interments in which fees are due</b>			
<b>Interment Fee</b>			<b>X \$11.50</b>
<b>TOTAL INTERMENT FEES DUE</b>			

Please make your check payable to the "Cemetery and Funeral Bureau" and send it to the letterhead address.

AUTHORIZED SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_



# Certificate of Authority (Cemetery)

## 2024 2<sup>nd</sup> Quarter Report

<i>For Bureau Use Only</i>	
License Number	
Receipt Number	
Date Processed	

**Due on or before: July 31, 2024**

**Cemetery Name:** \_\_\_\_\_

**Cemetery License Number: COA** \_\_\_\_\_

Report the total number of interments from April 1, 2024 through June 30, 2024. Reduce the total number of interments by the number of cremations performed by the licensed crematory located on the grounds of the cemetery and under common ownership. The licensed crematory will report those cremations on their crematory quarterly report form.

If the number of interments is being reduced for any cremations performed by a crematory located on the grounds of a cemetery and under common ownership with the cemetery, list the license number and date issued:

CR License No. \_\_\_\_\_ Date Issued \_\_\_\_\_

<u>Type of Interment</u>	Total (including cremated remains interred)	Less: Cremations reported under common ownership listed above	Net
Burial	-	=	
Entombment in a Mausoleum	-	=	
Inurnment in a Columbarium	-	=	
<b>Total Interments in which fees are due</b>			
<b>Interment Fee</b>		<b>X</b>	<b>\$11.50</b>
<b>TOTAL INTERMENT FEES DUE</b>			

Please make your check payable to the "Cemetery and Funeral Bureau" and send it to the letterhead address.

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
TELEPHONE NUMBER

NOTICE ON COLLECTION OF PERSONAL INFORMATION click [here](#) for details



# Certificate of Authority (Cemetery)

## 2024 3<sup>rd</sup> Quarter Report

<i>For Bureau Use Only</i>
License Number
Receipt Number
Date Processed

**Due on or before: October 31, 2024**

**Cemetery Name:** \_\_\_\_\_

**Cemetery License Number: COA** \_\_\_\_\_

Report the total number of interments from July 1, 2024 through September 30, 2024. Reduce the total number of interments by the number of cremations performed by the licensed crematory located on the grounds of the cemetery and under common ownership. The licensed crematory will report those cremations on their crematory quarterly report form.

If the number of interments is being reduced for any cremations performed by a crematory located on the grounds of a cemetery and under common ownership with the cemetery, list the license number and date issued:

CR License No. \_\_\_\_\_ Date Issued \_\_\_\_\_

<u>Type of Interment</u>	Total (including cremated remains interred)	Less: Cremations reported under common ownership listed above	Net
Burial	-	=	
Entombment in a Mausoleum	-	=	
Inurnment in a Columbarium	-	=	
<b>Total Interments in which fees are due</b>			
<b>Interment Fee</b>			<b>X \$11.50</b>
<b>TOTAL INTERMENT FEES DUE</b>			<b></b>

Please make your check payable to the "Cemetery and Funeral Bureau" and send it to the letterhead address.

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
TELEPHONE NUMBER

NOTICE ON COLLECTION OF PERSONAL INFORMATION [click here for details](#)



# Certificate of Authority (Cemetery)

## 2024 4<sup>th</sup> Quarter Report

<i>For Bureau Use Only</i>
License Number
Receipt Number
Date Processed

**Due on or before: January 31, 2025**

**Cemetery Name:** \_\_\_\_\_

**Cemetery License Number: COA** \_\_\_\_\_

Report the total number of interments from October 1, 2024 through December 31, 2024. Reduce the total number of interments by the number of cremations performed by the licensed crematory located on the grounds of the cemetery and under common ownership. The licensed crematory will report those cremations on their crematory quarterly report form.

If the number of interments is being reduced for any cremations performed by a crematory located on the grounds of a cemetery and under common ownership with the cemetery, list the license number and date issued:

CR License No. \_\_\_\_\_ Date Issued \_\_\_\_\_

<u>Type of Interment</u>	Total (including cremated remains interred)	Less: Cremations reported under common ownership listed above	Net
Burial	-	=	
Entombment in a Mausoleum	-	=	
Inurnment in a Columbarium	-	=	
<b>Total Interments in which fees are due</b>			
<b>Interment Fee</b>		<b>X</b>	<b>\$11.50</b>
<b>TOTAL INTERMENT FEES DUE</b>			

Please make your check payable to the "Cemetery and Funeral Bureau" and send it to the letterhead address.

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
TELEPHONE NUMBER