

**Contact Information**

Kansas Secretary of State  
 Audit Administrator  
 Memorial Hall, 1st Floor  
 120 S.W. 10th Avenue  
 Topeka, KS 66612-1594  
 (785) 296-1848  
 audit@kssos.org  
 www.kssos.org

**Directions:** This form must be completed in full (typewritten or printed in ink), signed and returned. If additional space is needed in answering any questions, please attach the information to this form as an Exhibit.

## 1. Please provide the following contact information regarding the Cemetery:

_____		_____		_____	
Name of Legal Owner		E-mail Address		Phone Number	
_____		_____		_____	
Address		City		State Zip	
_____		_____		_____	
Common Name of Cemetery		County			
_____		_____		_____	
Physical Address		City		State Zip	

## 2. Please answer the following Cemetery questions:

- a. If incorporated, give state of incorporation: \_\_\_\_\_
- b. Give date of establishment: \_\_\_\_\_
- c. If incorporated outside of Kansas, give date granted authority in Kansas: \_\_\_\_\_
- d. Has the cemetery operated continuously since establishment? Yes \_\_\_\_ No \_\_\_\_
- e. Is the cemetery a municipality or otherwise empowered to issue bonds or levy taxes? Yes \_\_\_\_ No \_\_\_\_
- f. Does the cemetery constitute an established church and convey lots only to members and/or their relatives?  
 Yes \_\_\_\_ No \_\_\_\_
- g. The legal owner is a:  
 Cemetery organized as a for-profit corporation \_\_\_\_\_  
 Cemetery organized as a not-for-profit corporation \_\_\_\_\_  
 Cemetery organized for religious purposes \_\_\_\_\_  
 Cemetery not a corporation \_\_\_\_\_  
 Other (explain): \_\_\_\_\_
- h. Give amount currently in permanent maintenance trust fund: \$\_\_\_\_\_

I do hereby certify under penalty of perjury and pursuant to the laws of the state of Kansas that the information contained in this form and supplied in any attachments thereto is true and correct.

\_\_\_\_\_  
 Signature of Owner or Officer

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name of Signer

\_\_\_\_\_  
 Title