

## KANSAS SECRETARY OF STATE **Cemetery Registration**

## **Kansas Secretary of State, Audit Manager:**

**Docking State Office Building** 915 SW Harrison Street Topeka, KS 66612

(785) 296-4564 audit@ks.gov https://sos.ks.gov

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

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Name of Legal Owner E-mail Address		Phone				
Address		City	Sta	te Z	Zip	
Common Name of Cemetery			Соц	County		
Address		City	Sta K		Zip	
a. State of incorporation (if incorporated)						
b. Date of establishment		c. Date granted authority in Kansas (if incorporated outside of 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?						
f. Does the cemetery constitute an established church and convey lots only to members and/or their relatives?  ☐ Yes ☐ No						
g. Check one: The legal owner is a:  cemetery organized as a for-profit corporation cemetery organized as a not-for-profit corporation cemetery organized for religious puposes cemetery, not a corporation other (provide explanation in box on right):						
h. 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 report and supplied in any attachments thereto is true and correct.						
Printed Name of Signer		Title				
Contact Email						
Signature of Owner or Officer		Month	Day	Year		
x						