



Cemetery Registration

I. Cemetery Information				
Name of Cemetery: _____ Owner: _____ Mailing Address: _____ <div style="text-align: right; margin-right: 100px;">Street</div>				
City	State	Zip Code	Telephone	E-mail
(or)				
Abandoned – Volunteer’s Name: _____				
A nonrefundable registration fee of \$10 must be sent along with this registration form via a check or money order payable to the State of Delaware. Registration is due every five years or upon change in ownership of the cemetery (29 Del. C. §7906A).				
Cemetery’s Physical Location: _____ <div style="text-align: right; margin-right: 100px;">Street</div>				
City	State	Zip Code	Telephone	Cemetery Website
Cemetery’s Latitude and Longitude Coordinates: _____				
Cemetery’s Mailing Address (if different): _____ <div style="text-align: right; margin-right: 100px;">Street</div>				
City	State	Zip Code	Telephone	Cemetery Website
Active Cemetery: <input type="checkbox"/> Inactive Cemetery (no burials in last 10 years): <input type="checkbox"/>				
For Profit: <input type="checkbox"/> Not for Profit: <input type="checkbox"/>				
Service Area: New Castle <input type="checkbox"/> Kent <input type="checkbox"/> Sussex <input type="checkbox"/> Statewide <input type="checkbox"/>				
Date Established: _____ Fully Developed and at Capacity <input type="checkbox"/> Inventory Available <input type="checkbox"/>				
Approximate # of Interments in Cemetery in Prior Year: _____				



II. Contact Information

Operating Organization (or) Volunteer of Cemetery (if different than Owner): _____

Tax Identification Number: _____

Contact: _____

Physical Address: _____

Street

City

State

Zip Code

Telephone

Contact's E-mail

Mailing Address: _____

Street

City

State

Zip Code

III. Person Completing this Registration Form

I hereby affirm, under penalty of perjury, that all of the information submitted in this application is true, correct, and complete. I am aware that knowingly and willfully making a material misstatement in connection with an application for registration is grounds for the denial, refusal to renew, suspension, or revocation of a registration / license.

Printed Name: _____ Signature: _____

Address: _____

E-Mail: _____ Date: _____