Print Form

Form 10PC001
Rev. 11/16

Michael Watson
SECRETARY OF STATE

PERPETUAL CARE CEMETERY REGISTRATION FORM

Mail to: Secretary of State, Regulation and Enforcement Division
Post Office Box 136, Jackson, MS 39205-0136
Phone: 601-359-9055; Fax: 601-576-2546
Website: www.sos.ms.gov

NOTE: A $25.00 registration fee is **REQUIRED** upon submission of this form for new registrations or registration renewals. No fee should be submitted for amendments only. Both the fee and this form must be submitted to the post office box address above prior to **March 31st. All registrations expire on March 31st of each year and must be renewed to remain valid.** The report information you submit, items 13 - 15, is submitted for the prior-ending calendar year (January 1 - December 31).

☐ NEW REGISTRATION ☐ RENEWAL ☐ AMENDMENT OF REGISTRATION

1. Full Legal Business Name: _____

Trade Name or any other Names Used: _____

2. _____ _____ _____ _____
CEMETERY **STREET** ADDRESS (P.O. BOX NOT ACCEPTED) CITY STATE ZIP CODE

3. _____ _____ _____ _____
CEMETERY **MAILING** ADDRESS CITY STATE ZIP CODE

4. Contact Person's Name and Title: _____

5. Email Address: _____

6. Telephone Number: _____ Facsimile Number: _____

7. Total Number of Acres Included in Cemetery: _____

8. Company's Principal Place of Business: _____

9. Date When Cemetery Was Established: _____

10. Type of Business (select only one):

Sole Proprietorship:	☐	Partnership:	☐
Limited Liability Company:	☐	Association:	☐
Corporation:	☐	Other: _____	☐

If Corp. or LLC,
State of Incorp./Formation: _____

11. Company's Fiscal Year Beginning Date: _____ Ending Date: _____

12. Enter the name (first, middle initial, last and generation), title, address, and phone number of all company officers and directors (i.e., the sole proprietor; the partners of your partnership; the officers and/or directors of your association; the managers or members of your limited liability company; or, the officers of your corporation). Use an additional page, if needed:

Name	Title	Address	Phone Number

13. Sales Activity for Calendar Year 20____ (Prior Ending Calendar Year).

ITEMS SOLD	NUMBER OF UNITS SOLD	TOTAL ***CONTRACT*** SALES MADE IN CALENDAR YEAR	AMOUNT ***COLLECTED*** IN CALENDAR YEAR REGARDLESS OF WHEN SALE WAS MADE	AMOUNT ***SUBMITTED*** TO TRUST OR CD ON COLLECTIONS
Cemetery Ground Interments		$	$	$
Mausoleum Crypt Spaces		$	$	$
Columbarium Niche Spaces		$	$	$
TOTAL		$	$	$

14. Perpetual Care Trust:
(Complete this portion of the Form if your business' perpetual care funds are in Trust. Do not answer Question #15.)

A. Perpetual Care Trust Officer/Trust Institution: _____

_____ _____ _____ _____
PERPETUAL CARE TRUSTEE'S ADDRESS CITY STATE ZIP CODE

Telephone Number: _____ Facsimile Number: _____

B. Perpetual Care Trust Balance on January 1st of Prior Calendar Year: $_____

C. Amount of Interest/Earnings Withdrawn from Perpetual Care Trust: $_____

D. Interest/Income Earned by Perpetual Care Trust: $_____

E. Perpetual Care Trust Balance on December 31st of Prior Calendar Year: $_____

15. Perpetual Care Certificate of Deposit:
(Complete this portion of the Form if your business' perpetual care funds are in a CD. Do not answer Question #14.)

A. Name of Financial Institution where CD is held: _____

B. CD Balance on January 1st of Prior Calendar Year: $_____
(Attach a copy of a statement from the financial institution verifying this amount.)

C. Amount of Interest earned by CD: $_____

D. CD Balance on December 31st of Prior Calendar Year: $_____
(Attach a copy of a statement from the financial institution verifying this amount.)

Affidavit

I certify that all information provided herein is true and correct to the best of my knowledge.

_____ _____
SIGNATURE OF COMPANY OFFICER OR OTHER AUHORIZED OFFICER PRINTED OR TYPED NAME AND TITLE

Sworn to and subscribed before me this the ___ day of_____, 20___.

_____
NOTARY PUBLIC

_____
MY COMMISSION EXPIRES