

TEXAS DEPARTMENT OF BANKING
APPLICATION FOR CERTIFICATE OF AUTHORITY
TO OPERATE A PERPETUAL CARE CEMETERY
(Pursuant to Chapters 711 and 712 of the Texas Health and Safety Code)

FILING FEE REQUIRED: \$500.00

(CHECK OR MONEY ORDER TO BE ATTACHED TO BILLING STATEMENT)

1. Name of Corporation: _____

2. "Doing Business As" Name: _____

3. **Cemetery Physical Address:** _____

City, State, Zip, County: _____

Cemetery Mailing Address: _____

Cemetery City, State, Zip: _____

Records Location Address: _____

Corporate City, State, Zip: _____

4. Telephone Number: _____ Fax Number: _____

5. Name of Contact Person: _____

6. E-mail Address: _____

7. Does the location of the cemetery meet the requirements of Section 711.008, Health and Safety Code?

Yes No

Comment: _____

8. Identify the current cemetery acreage as it is reflected on the plat maps and dedication statements filed with the County Clerk's office, including any land added to or sold from the cemetery.

Developed: _____ + Undeveloped: _____ = Total: _____

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9. Corporate Officers:

	Name	Date Appointed to Office
President:	_____	_____
Vice President:	_____	_____
Secretary:	_____	_____
Treasurer:	_____	_____

10. List stockholders or owners who own 25% or more of the outstanding corporate stock/ownership interest. (Provide a separate listing of all stockholders/owners who own less than 25% of the stock/ownership interest.)

Name	Percentage Owned	Name	Percentage Owned
_____	_____	_____	_____
_____	_____	_____	_____

11. Give the name and complete mailing address of the depository where the perpetual care trust fund is to be placed.

Depository Name: _____

Address: _____

City, State, Zip: _____

Depository Officer: _____ Telephone Number: _____

12. Provide the name and complete mailing address of any person or entity to which the capital stock or assets of the corporation are or will be pledged as security for any loan.

Name: _____

Address: _____

City, State, Zip: _____

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13. Provide the name and complete mailing address of the person who will actively manage the cemetery operations along with a brief statement of that person's working experience in the cemetery industry.

Name: _____

Address: _____

City, State, Zip: _____

Work Experience: _____ Years in the cemetery industry.

Comments on Experience: _____

14. Provide the information requested below regarding the filing of the map or plat and the recording of the declaration of dedication of cemetery property with the county clerk.

Date Filed	Document Number	Location of Record (I.E. Volume and Page Number)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

15. If newly purchased, price of cemetery assets, including land, buildings, workshops, etc. _____

Explanation, if not applicable: _____

16. Was a loan obtained to purchase the cemetery? Yes No N/A

Lienholder: _____

Lienholder Address: _____

Loan Terms: Amount of Loan: _____ Monthly Payment Amount: _____

Total Number of Monthly Payments: _____ Interest Rate: _____

Appraisal Value: _____

Guarantor: _____

Collateral Pledged: _____

Additional methods of property purchase payments, such as shareholder loans, cash payments, etc:

17. Will the cemetery sell preneed outer burial containers, opening and closings, or other preneed merchandise or services? Yes No

How will the prepaid funeral contracts be funded? Trust Insurance N/A

Insurance company, if applicable: _____

If selling trust-funded prepaid funeral contracts, has an application to sell trust-funded prepaid funeral contracts been filed with the Department? Yes No N/A

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Name of Corporation

By: _____
Signature and Title of Officer of the Applicant

STATE OF _____

COUNTY OF _____

KNOW ALL MEN BY THESE PRESENTS

BEFORE ME, the undersigned authority, on this day personally appeared _____,
Name of Applicant's Officer

being duly sworn, deposes and says that he/she signed the foregoing application as _____
Title or Capacity of Representative

of the applicant, having full authority to sign such application in said capacity; that he/she has read said application and that the attached exhibits and information contained therein is true, that he/she has examined all statements, answers, and representations therein contained and that each of such statements, answers, and representations are true; that no material fact in answer to the several questions has been omitted; and that applicant is familiar with and will abide by the provisions of Chapters 711 and 712, Texas Health and Safety Code.

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20_____.

(SEAL)

Signature of Notary Public