

**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: \_\_\_\_\_

**TEXAS DEPARTMENT OF BANKING**

9. Corporate Officers:

	<b>Name</b>	<b>Date Appointed to Office</b>
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: \_\_\_\_\_

**TEXAS DEPARTMENT OF BANKING**

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: \_\_\_\_\_

13. 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.

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

**TEXAS DEPARTMENT OF BANKING**

\_\_\_\_\_  
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