



DEPARTMENT OF FINANCIAL SERVICES
Division of Funeral, Cemetery, and Consumer Services
200 East Gaines Street
Tallahassee, FL 32399-0361

REPORT OF IDENTIFICATION FOR AN EXEMPT CEMETERY

Under Section 497.287, Florida Statutes (F.S.). Before the Board of Funeral, Cemetery, and Consumer Services.

This report shall be accompanied by payment of a \$25 nonrefundable registration fee, which shall be the fee for the quinquennial period beginning October 1, 2018, or any part thereof. The registration, if approved, will be issued for the remainder of the five-year period.

Mail form and payment to: Division of Funeral, Cemetery, and Consumer Services
Revenue Processing,
P.O. Box 6100
Tallahassee, FL 32314-6100.

If you have any questions or need assistance in completing this application, please contact the Division of Funeral, Cemetery, and Consumer Services at (850) 413-3039.

Section 1. ORGANIZATION INFORMATION			
Date of formation or incorporation (Mm/dd/yyyy): / /			
NAME OF EXEMPT CEMETERY:			
D/B/A Name (doing business as):			
Section 2. ESTABLISHMENT LOCATION ADDRESS			
Street Address:			
City:	County:	State:	Zip Code:
Section 3. MAILING ADDRESS			
Street Address or P.O. Box:			
City:	County:	State:	Zip Code:
Name of Responsible Authorized Agent:		Size of Cemetery, # of Acres:	
Telephone Number: () -		E-mail Address:	
Section 4. FEIN OR CONFIDENTIAL SOCIAL SECURITY NUMBER			
Enter Applicant's FEIN or Social Security Number:			
<u>Privacy Statement:</u>			
<i>Pursuant to the Privacy Act of 1974, 5 U.S.C. Section 552a, the State is responsible for informing you whether disclosure of your social security number is mandatory or voluntary, by what statutory or other authority your social security number is solicited, and what uses will be made of your social security number. Under Section 119.071(5)(a)2., F.S., a state agency may collect your social security number if the collection is specifically authorized by law or if it is imperative for the performance of the agency's duties and responsibilities as prescribed by law.</i>			
<i>Disclosure of your social security number on this form is: mandatory pursuant to the Welfare Reform Act, 42 U.S.C. Section 666, and Section 497.141(2), F.S. The purpose(s) for the requested information is that social security numbers collected on applications will be used by the Department of Financial Services and the Board of Funeral, Cemetery, and Consumer Services as follows: identification of applicants; obtaining background checks on applicants; obtaining</i>			

information from authorities in other states; investigation of applicants and licensees concerning asserted violations of applicable law or rules; enforcement of child support obligations. Your social security number is confidential and exempt from the disclosure requirements of § 119.07(1), F.S., and § 24(a), Article I of the Florida Constitution and will not be used for any purpose other than the purpose(s) provided herein, or as otherwise authorized under § 119.071(5)(a), F.S.

A copy of this Privacy Statement is provided to you as required by Section 119.071(5)(a)3., F.S.

FOR OFFICE USE ONLY

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