

**Form
ECE****KANSAS SECRETARY OF STATE
Eligibility for Cemetery Exemption****Kansas Secretary of State, Audit Manager:**Memorial Hall, 1st Floor
120 S.W. 10th Avenue
Topeka, KS 66612-1594(785) 296-4564
audit@sos.ks.gov
www.sos.ks.gov

Directions: This report must be completed in full (typewritten or printed in ink), signed and returned to the address above. If additional space is needed in answering any questions, please attach the information to this form as an Exhibit.

1. Please provide the following contact information regarding the cemetery:

Name of Legal Owner	E-mail Address	Phone		
Mailing Address	City	State	Zip	

Common Name of Cemetery	County		
Mailing Address	City	State	Zip

a. Date of establishment**b. Has the cemetery operated continuously since establishment?**

-
- Yes (Proceed to Question 2.)
-
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- No (Proceed to signature.)

2. Please fill out the following chart regarding the cemetery's sales:

	Total Number of Burial Spaces Sold	Average Price of a Burial Space
From 7/1/1901 to 6/30/1968		
From 7/1/1968 to 4/29/1979		
From 4/20/1979 to present		

a. Number of acres platted**b. Number of acres not platted****c. Number of burial spaces platted****d. Amount currently in permanent maintenance fund** \$

I do hereby certify under penalty of perjury and pursuant to the laws of the state of Kansas that the information contained in this form and supplied in any attachments thereto is true and correct.

Printed Name of Signer	Title
Signature of Owner or Officer	Month Day Year
X	