

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
 Madison, WI 53708-8935  
**FAX #:** (608) 261-7083  
**Phone #:** (608) 266-2112

**Ship To:** 1400 E. Washington Avenue  
 Madison, WI 53703  
**E-Mail:** [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
**Website:** <http://dsps.wi.gov>

## CEMETERY BOARD

### CEMETERY ASSOCIATION ANNUAL REPORT

#### NO FEE REQUIRED

**Information:** Every Cemetery Association organized under Wis. Stats. § 157.062 shall file an annual report with the Cemetery Board. The period covered is January 1<sup>st</sup> – December 31<sup>st</sup> of the previous calendar year and is due no later than March 31<sup>st</sup>.

**Exceptions:** This report does not apply to any person required to file a report under Wis. Stats. § 180.1622 or 181.1622 or to cemeteries exempt by Wis. Stats. § 157.625.

<b>Name of Cemetery Association</b> <input type="text"/>	<b>Report Calendar Year (Jan. 1- Dec. 31)</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Address of Principal Office of the Association</b> (street, city, state, zip) <input type="text"/>	<b>Daytime Telephone Number</b> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Email Address of Chairperson or Secretary</b> <input type="text"/>	

**List dates and locations of all meeting and elections for reporting year:** (attach additional sheet(s) if necessary)

<b>Location of Meeting/Election</b> <input type="text"/>	<b>Date</b> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Location of Meeting/Election</b> <input type="text"/>	<b>Date</b> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**List each officer, director and trustee of the Cemetery Association:** (attach additional sheet(s) if necessary)

<b>Last Name</b> <input type="text"/>	<b>First Name</b> <input type="text"/>	<b>Title</b> <input type="text"/>
<b>Home Address</b> (street, city, state, zip) <input type="text"/>		
<b>Business Address</b> (street, city, state, zip) <input type="text"/>		

<b>Last Name</b> <input type="text"/>	<b>First Name</b> <input type="text"/>	<b>Title</b> <input type="text"/>
<b>Home Address</b> (street, city, state, zip) <input type="text"/>		
<b>Business Address</b> (street, city, state, zip) <input type="text"/>		

<b>Last Name</b> <input type="text"/>	<b>First Name</b> <input type="text"/>	<b>Title</b> <input type="text"/>
<b>Home Address</b> (street, city, state, zip) <input type="text"/>		
<b>Business Address</b> (street, city, state, zip) <input type="text"/>		

# Wisconsin Department of Safety and Professional Services

<b>Last Name</b> <input style="width: 95%;" type="text"/>	<b>First Name</b> <input style="width: 95%;" type="text"/>	<b>Title</b> <input style="width: 95%;" type="text"/>
<b>Home Address</b> (street, city, state, zip) <input style="width: 98%;" type="text"/>		
<b>Business Address</b> (street, city, state, zip) <input style="width: 98%;" type="text"/>		

<b>Last Name</b> <input style="width: 95%;" type="text"/>	<b>First Name</b> <input style="width: 95%;" type="text"/>	<b>Title</b> <input style="width: 95%;" type="text"/>
<b>Home Address</b> (street, city, state, zip) <input style="width: 98%;" type="text"/>		
<b>Business Address</b> (street, city, state, zip) <input style="width: 98%;" type="text"/>		

<b>Last Name</b> <input style="width: 95%;" type="text"/>	<b>First Name</b> <input style="width: 95%;" type="text"/>	<b>Title</b> <input style="width: 95%;" type="text"/>
<b>Home Address</b> (street, city, state, zip) <input style="width: 98%;" type="text"/>		
<b>Business Address</b> (street, city, state, zip) <input style="width: 98%;" type="text"/>		

**List each shareholder who beneficially owns, holds or has the power to vote 5% or more of any class of securities issued by the Cemetery Association:** (attach additional sheet(s) if necessary)

<b>Last Name</b> <input style="width: 95%;" type="text"/>	<b>First Name</b> <input style="width: 95%;" type="text"/>	<b>Title</b> <input style="width: 95%;" type="text"/>
<b>Home Address</b> (street, city, state, zip) <input style="width: 98%;" type="text"/>		
<b>Business Address</b> (street, city, state, zip) <input style="width: 98%;" type="text"/>		

<b>Last Name</b> <input style="width: 95%;" type="text"/>	<b>First Name</b> <input style="width: 95%;" type="text"/>	<b>Title</b> <input style="width: 95%;" type="text"/>
<b>Home Address</b> (street, city, state, zip) <input style="width: 98%;" type="text"/>		
<b>Business Address</b> (street, city, state, zip) <input style="width: 98%;" type="text"/>		

<b>Last Name</b> <input style="width: 95%;" type="text"/>	<b>First Name</b> <input style="width: 95%;" type="text"/>	<b>Title</b> <input style="width: 95%;" type="text"/>
<b>Home Address</b> (street, city, state, zip) <input style="width: 98%;" type="text"/>		
<b>Business Address</b> (street, city, state, zip) <input style="width: 98%;" type="text"/>		

# Wisconsin Department of Safety and Professional Services

<b>Last Name</b> <input style="width: 95%;" type="text"/>	<b>First Name</b> <input style="width: 95%;" type="text"/>	<b>Title</b> <input style="width: 95%;" type="text"/>
<b>Home Address</b> (street, city, state, zip) <input style="width: 98%;" type="text"/>		
<b>Business Address</b> (street, city, state, zip) <input style="width: 98%;" type="text"/>		

<b>Last Name</b> <input style="width: 95%;" type="text"/>	<b>First Name</b> <input style="width: 95%;" type="text"/>	<b>Title</b> <input style="width: 95%;" type="text"/>
<b>Home Address</b> (street, city, state, zip) <input style="width: 98%;" type="text"/>		
<b>Business Address</b> (street, city, state, zip) <input style="width: 98%;" type="text"/>		

<b>Last Name</b> <input style="width: 95%;" type="text"/>	<b>First Name</b> <input style="width: 95%;" type="text"/>	<b>Title</b> <input style="width: 95%;" type="text"/>
<b>Home Address</b> (street, city, state, zip) <input style="width: 98%;" type="text"/>		
<b>Business Address</b> (street, city, state, zip) <input style="width: 98%;" type="text"/>		

<b>Last Name</b> <input style="width: 95%;" type="text"/>	<b>First Name</b> <input style="width: 95%;" type="text"/>	<b>Title</b> <input style="width: 95%;" type="text"/>
<b>Home Address</b> (street, city, state, zip) <input style="width: 98%;" type="text"/>		
<b>Business Address</b> (street, city, state, zip) <input style="width: 98%;" type="text"/>		

The Cemetery Association engaged in the operation of a cemetery during the reporting year.     Yes     No

I certify that the information reported on this form is true and correct to the best of my knowledge and belief.

Signature of Chairperson:       Date:  /  /

Signature of Secretary:       Date:  /  /