



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

**REPORT OF IDENTIFICATION FOR AN EXEMPT CEMETERY**

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

This report shall be accompanied by payment of a \$25 nonrefundable license fee, which shall be the fee for the quinquennial period beginning October 1, 2003, or any part thereof. All requirements for licensure must be satisfied within forty-five (45) days from the date of request by the Department. The license, if approved, will be issued for the remainder of the five-year period.

**Mail form and payment to: Division of Funeral, Cemetery & 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 & Consumer Services at (850) 413-3039.*

ORGANIZATION INFORMATION			
FEIN: _____		Date of formation or incorporation	
LICENSE NO.: _____		Mm/dd/yyyy: ____/____/____	
NAME OF EXEMPT CEMETERY			
D/B/A Name (doing business as)			
ESTABLISHMENT LOCATION ADDRESS			
Street Address			
City	County	State	Zip Code
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:	
<b>FOR OFFICE USE ONLY</b>			
<u>BT</u> <u>TYCLFT</u>			
V 3300 F \$25			