

Louisiana Cemetery Board
3445 N. Causeway Blvd., Suite 509
Metairie, LA 70002-3758
Telephone (504) 838-5267 – Toll Free 1-866-488-5267 - Fax
(504)838-5289 Website: www.lcb.state.la.us

Application for Family Burial Ground

(Exempt pursuant to R.S. 8:78)

1. Name of Applicant: _____
2. Mailing Address of Applicant: _____
City: _____ Parish: _____ State: _____ Zip Code: _____
3. D/B/A or Trade Name of Cemetery: _____
4. Physical Address of Cemetery: _____
City: _____ Parish: _____ State: _____ Zip Code: _____
5. Was the cemetery named above in existence and operating on July 31, 1974? YES: _____ NO: _____
6. List the name, business address and residence address of each owner and one additional family member(s).
(Attach additional sheets, if necessary)

Name: _____
Residence Address: _____
City: _____ Parish: _____ State: _____ Zip Code: _____
Business Address: _____
City: _____ Parish: _____ State: _____ Zip Code: _____
Home telephone: _____ Business telephone: _____

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Residence Address: _____
City: _____ Parish: _____ State: _____ Zip Code: _____
Business Address: _____
City: _____ Parish: _____ State: _____ Zip Code: _____
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Name: _____
Residence Address: _____
City: _____ Parish: _____ State: _____ Zip Code: _____
Business Address: _____
City: _____ Parish: _____ State: _____ Zip Code: _____
Home telephone: _____ Business telephone: _____

CERTIFICATION

We hereby affirm that the information contained herein is true and correct. ***This application must be executed by the person(s) named in six (6) above.***

SWORN TO AND SUBSCRIBED before me this

_____ day of _____ 20_____.

NOTARY PUBLIC

Name of Applicant

Owner's Signature

Additional Family Member's Signature/Relationship

PLEASE RETURN THIS FORM TO:
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