

OKLAHOMA INSURANCE DEPARTMENT
3625 NW 56th St Suite 100
OKLAHOMA CITY, OKLAHOMA
405.521.3966 Office
405.522.4160 Facsimile

APPLICATION FOR AUTHORITY TO ACQUIRE CONTROL OF AN EXISTING CEMETERY

Please provide the following information:

1. Name of the Applicant: _____
2. Address of Applicant: _____
3. Phone and cellular number of Applicant: _____
4. Fax number of Applicant: _____
5. How long have you resided in the community? _____
6. Name of entity acquiring the cemetery: _____
7. Name of cemetery being acquired: _____
8. Will the entity apply for a Cemetery Merchandise Permit? ____ Yes/ ____ No
9. Name of entity to obtain the Cemetery Merchandise Permit: _____
10. DBA name, if applicable: _____
11. Type of organization:
_____ Sole Proprietor* _____ Partnership* _____ Corporation*

*Each Proprietor or member of the Partnership/Corporation must submit a Biographical Affidavit. This form can be found on our website at www.oid.ok.gov.

12. List all owners, directors, partners, joint venturers, and other persons with the ability to control the management and policies of the company.

13. Has the applicant, any persons listed herein, or any person with power to direct the management policies of the applicant conducted business as a cemetery company?

(a) In Oklahoma in the past five (5) years? Yes/ No

(b) In another state in the past five (5) years? Yes/ No

If yes, give a detailed explanation as to the extent the Applicant has been involved.

14. Will the purchase be a cash transaction or will there be a loan? If a loan, then with whom or what financial institution, please list: _____

HISTORICAL SKETCH

I, _____, submit the following information to the Oklahoma Insurance Department for the purposes of acquiring a cemetery in the State of Oklahoma.

Residence Address: _____

Date of Birth: _____ Place of Birth: _____

List all firms, companies, corporations, or other business organizations of which you are present director, officer, employee, partner, owner.

Name and Location	Nature of Business	Position Held
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Complete the following to show the business or occupations which you have been engaged in during the last ten (10) years from the date of this application.

List present or most recent occupation:

Length of employment: From _____ to _____

Employer _____ Type of business _____

Street Address _____ Position _____

City/State _____ Supervisor's Name _____

Why did you leave? _____

List previous occupation:

Length of employment: From _____ to _____

Employer _____ Type of business _____

Street Address _____ Position _____

City/State _____ Supervisor's Name _____

Why did you leave? _____

List previous occupation:

Length of employment: From _____ to _____

Employer _____ Type of business _____

Street Address _____ Position _____

City/State _____ Supervisor's Name _____

Why did you leave? _____

Furnish the name and addresses of all banks with whom you have done business during the past five (5) years, and designate the type of account. State whether the account is active or closed. Include the account number. I hereby agree that any of the referred banks may release the information requested by the Department.

Name of Bank	Address of Bank	Type of Account	Account Number	Open or Closed

Signature _____

Have you ever been declared bankrupt? If yes, attach a completed, signed, and notarized statement of facts, together with the name of the location of the court in which the proceedings were held or are pending.

Has a license of any kind held by you been denied, suspended or revoked? If yes, attach a completed, signed and notarized statement of the facts furnishing full details.

Have you ever been convicted of or pleaded nolo contendere to any criminal offense involving dishonesty or a breach of trust? If the answer is yes, attach a completed, signed, and notarized statement of the charges and facts.

Please comment on any experience you have in the cemetery business:

Please comment on any experience you have had in the death care industry:

By affixing my signature to this form, I hereby agree that the Oklahoma Insurance Department may make full inquiry of each of the above named persons and all former employers and all other persons concerning my business, professional or moral character and reputation, including procurement of letters, statements or affidavits concerning the same that may be deemed pertinent to a determination of my qualifications, and I do specifically waive all claims, damages, rights of action or causes of action that might otherwise accrue to me against any of said persons, resulting or arising from, or by reason of, any and all statement of fact or opinion given in good faith concerning me expressed by any of them in reply to any inquiry made by, or under direction of, the Oklahoma Insurance Department, whether the same be responsive to, or necessarily required by, such inquiry or not, and that all such statements shall be deemed privileged and not actionable by me unless such statements are, in fact, willfully made and falsely given with malice toward me. I understand that this inquiry may include a criminal background check through the Oklahoma State Bureau of Investigation (OSBI).

CERTIFICATE

I hereby certify that the information presented herein is true and correct to the best of my knowledge and belief, that said information is submitted voluntarily by me to the Oklahoma State Banking Department as essential data in connection with the application, described above.

Signature

Date Signed

Submit a financial statement of any and all partners.

Submit business statements of any and all businesses the applicant is affiliated with.

Submit Tax Returns for the previous year.

Submit a cemetery operations plan.

If cemeteries and/or funeral homes are owned in other states or countries, please list and provide the name and number of the regulator for the state.