**STATE OF ILLINOIS
COMPTROLLER**

JUDY BAAR TOPINKA

QUESTIONNAIRE
**Illinois Cemetery Care Act
(760 ILCS 100/1 *et seq.*)**

Required of Each Applicant, Member, Officer or Director and of any party owning 10% or more of the Cemetery or Funeral Home (make additional copies if necessary)

Please type or print legibly

Application of _____
Name of Cemetery or Funeral Home

1. Your Name Mr. Ms. Mrs. _____
   (Circle one)   First Name   Middle Name   Last Name

2. Date of Birth _____ Place of Birth _____
   Month/Day/Year   City   State   County

3. Social Security Number _____/_____/_____

4. Driver's License Number _____ State of Issue _____

5. Business Address _____
   Street   City   State   County   Zip Code
   Business Telephone (include area code) _____

6. Home Address _____
   Street   City   State   County   Zip Code
   Home Telephone (include area code) _____

7. Occupation or Profession_____

8. Provide employment history for the past ten (10) years

From: Day/Month/Yr.	To: Day/Month/Yr.	Name & Address of Employer	Position/Title	Reason for Leaving

9. Approximately how much time do or will you devote to the cemetery or funeral home applying for a license?

QUESTIONNAIRE

10. List any present and previous connection, if any, with any other cemetery or funeral home?

_____
Name of Cemetery/Funeral Home   Street & Number   City   State County Zip Code   Telephone Number

_____
Name of Cemetery/Funeral Home   Street & Number   City   State County Zip Code   Telephone Number

11. If any such cemetery or funeral home discontinued business, give reasons for such discontinuance.

_____

12. Have you ever been convicted of any crime, except minor traffic offenses?____ No ____Yes If yes, provide

Name and Address of Court _____

Case Name and Number _____

Charge or Crime upon which conviction was entered _____

Date of Conviction _____ Sentence Imposed _____

13. Have you ever been or are you currently involved in any civil litigation in which a judgment or decree based on fraud has been rendered against you? _____ No ____ Yes If yes, explain _____

_____

14. Have you ever failed to satisfy an enforceable judgement or decree rendered against you in any civil proceedings by a court of competent jurisdiction? ____ No ____Yes If yes, explain _____

_____

15. Have you ever been a defendant in any civil action, other than domestic matters? ____ No ____ Yes If yes,

provide, Name and Address of Court _____

Case Name and Number _____

Nature of Case _____

Final Disposition _____

16. Have you ever filed for bankruptcy? ____ No ____ Yes   If yes, provide

Name and Address of Court _____

Date of Insolvency _____

17. Have you ever had a license involving any cemetery or funeral home revoked, suspended or denied in Illinois or any other state?____ No ____ Yes If yes, explain_____

_____

18. Have you ever been the subject of any type or form of disciplinary action regarding a professional or business license? _____ No ____ Yes If yes, explain _____

19. Pursuant to the Illinois Administrative Procedure Act (5 ILCS 100/10-65(c)) complete the following:

I, _____, certify under penalty of perjury that I am not more than 30 days delinquent in complying with any child support order. I understand that making a false statement may subject me to contempt of court.

SCO-682 rev. 1/02 Page 2 of 3

Privacy Act Notice

The Illinois Administrative Procedure Act (5 ILCS 100/10-65) requires license applications, of which this Questionnaire is a part, to include the applicant's social security number. The Office of the Comptroller uses this information in administration of its responsibilities under the Cemetery Care Act, the Pre-Need Cemetery Sales Act, and the Funeral or Burial Funds Act (collectively, the "Acts"). The Office of the Comptroller does not give, sell, or transfer this information to third parties uninvolved with the administration of the Acts unless required or otherwise authorized by law.

State of Illinois
County of _____

I, _____, do solemnly swear that the foregoing answers and statements have been

knowingly made by me and the same are true. Given under my hand this _____ day of _____, _____.

_____   _____
Signature   Title

Subscribed and sworn to before me in
_____ County, in the State of Illinois
by the said _____ who
personally appeared before me in the aforesaid
County and State, this _____ day of
_____, _____.   Notary Seal

_____   _____
Notary Public   My commission expires