

IMPORTANT NOTICE: Completion of this form is necessary to accomplish the requirements outlined under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

RETURN APPLICATION TO:

STATE OF ILLINOIS  
**DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION**  
**ATTN: Division of Professional Regulation**  
320 WEST WASHINGTON STREET, 3RD FLOOR  
SPRINGFIELD, ILLINOIS 62786

**APPLICATION FOR CEMETERY MANAGER AND CUSTOMER SERVICE EMPLOYEE  
CERTIFICATION PROGRAM**

**INSTRUCTIONS**

This application **MUST** be submitted for Department review and approval together with the following:

- 1. An outline of the content of the program.\*
- 2. A list of materials to be used as instruction or as study guides.
- 3. A copy of a bank of examination questions used to formulate examination.
- 4. A copy of the certificate of passage of the examination.

\* The certification program must consist of education and training in cemetery ethics, cemetery law, and cemetery practices in accordance with Section 10-25 of the Cemetery Oversight Act.

1. OFFICIAL NAME OF CERTIFICATION PROGRAM	2. TELEPHONE NUMBER (Include Area Code)
3. ADDRESS OF ORGANIZATION OR INSTITUTION (Include Street, City, State, ZIP Code, and County)	4. NAME OF PERSON RESPONSIBLE FOR PROGRAM(S)
	5. TITLE
6. TITLE OF PROGRAM	7. HAS YOUR DEATH CARE TRADE ASSOCIATION BEEN IN EXISTANCE FOR MORE THAN 5 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO

8. LOCATION WHERE PROGRAM IS PRESENTED

\_\_\_\_\_

Signature of Person Submitting Application

\_\_\_\_\_

Type or Print Name of Person Submitting Application      \_\_\_\_\_

Date

**FOR OFFICIAL USE ONLY**

Approved       Denied       Deferred

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_