



STATE OF ILLINOIS
 COMPTROLLER
 LESLIE GEISSLER MUNGER

Office of the Comptroller
 PLACE Division
 PO Box 20790
 Springfield, IL 62708

FOR INTERNAL OFFICE USE ONLY	3rd Party Payee Information:
Internal Code _____	Name: _____
Date Report Postmarked ____ / ____ / ____	Address: _____
Check Number: _____	Phone: _____
Amount Received: \$ _____	

ANNUAL STATEMENT - ILLINOIS CREMATORY ACT

(Pursuant to The Illinois Crematory Regulation Act, 410 ILCS 18/1 et seq.)

Annual Reporting Fee \$25.00

Registration Number _____ Fiscal Year Start Date ____ / ____ / ____ Fiscal Year End Date ____ / ____ / ____

Illinois State Tax I.D. Number _____ - _____ Federal Employee Identification No. _____ - _____

Full Name of Registrant _____

Name of Business (Crematory) _____

Business (Location) Address _____

Business Phone (____) _____ Business Fax (____) _____ City _____ State _____ Zip _____ County _____

Mailing Address (if different) _____

Corporate Parent _____ City _____ State _____ Zip _____ County _____

Corporate Parent Address _____

Corporate Parent Phone (____) _____ Corporate Parent Fax (____) _____ City _____ State _____ Zip _____ County _____

Type of Ownership: () Sole Proprietor () Partnership () Association () Corporation

() Other (please describe) _____

Please provide the full name and address (business and residence), if the licensee is a sole proprietorship; or every member if the licensee is a partnership; or every member of the board of directors if the licensee is an association; and every officer, director and shareholder holding more than 25% of the corporate stock if the licensee is a corporation. (If necessary, please list the balance of entities on a separate sheet and attach to this statement.)

Name _____ Title _____ % of Ownership _____

Residential Address _____ Residential Phone (____) _____

Business Address _____ Business Phone (____) _____

Name _____ Title _____ % of Ownership _____

Residential Address _____ Residential Phone (____) _____

Business Address _____ Business Phone (____) _____

ANNUAL STATEMENT - ILLINOIS CREMATORY ACT

Name _____ Title _____ % of Ownership _____

Residential Address _____ Residential Phone (____) _____

Business Address _____ Business Phone (____) _____

Name _____ Title _____ % of Ownership _____

Residential Address _____ Residential Phone (____) _____

Business Address _____ Business Phone (____) _____

Has the type of structure and equipment used in the operation of the crematory changed from what had been originally reported?
_____ No _____ Yes - List Type of Structure _____ Equipment _____

List the total number of cremations performed at the crematory for this reporting period _____

By signing and notarizing this form, the owner of the crematory authority attests that:

- 1. The cremation device is in proper operating condition.
2. That all applicable permits (Illinois Environmental Protection Agency) and training program certifications are valid and that only those individuals that have been trained and certified operate the cremation device.

Additionally, any changes that may have occurred are listed above.

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