



STATE OF ILLINOIS
COMPTROLLER
LESLIE GEISSLER MUNGER

CEMETERY CARE FUNDS

LOST LICENSE AFFIDAVIT

State of Illinois)
)
)
County of _____)
)

_____, being first duly sworn on oath deposes and
(Representative Name)

says that he is the holder of Cemetery Care License # _____, issued
to _____
(Name of Licensee)

d/b/a _____
(Name of Business)

in _____, State of Illinois, on _____, _____.
(City)

is lost and that a diligent search to find it was performed without success.

Further affiant saith not.

(Representative Signature) (Title)

Dated this _____ day of _____, _____.

Subscribed and sworn to before me

this _____ day of _____, _____.

Notary Public