

ELECTION TO OPERATE

FEE: \$25

OPERATOR NAME		TELEPHONE NUMBER	
ADDRESS			
CEMETERY NAME			
CEMETERY ADDRESS			
This is to certify that I, _____, am electing to operate Applicant Name _____ as a/an (select one) Name of Cemetery			
<input type="checkbox"/> Endowed Care Cemetery <input type="checkbox"/> Non-Endowed Care Cemetery			
SIGNATURE		PRINTED NAME	
MUST BE SIGNED IN PRESENCE OF NOTARY			
NOTARY PUBLIC EMBOSSER SEAL OR BLACK INK RUBBER STAMP	STATE OF	COUNTY (OR CITY OF ST. LOUIS)	
	SUBSCRIBED AND SWORN BEFORE ME, THIS		USE RUBBER STAMP IN CLEAR AREA BELOW
	DAY OF	YEAR	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)			

**Please submit this form along with the Application for Certificate of Authority to:
Office of Endowed Care Cemeteries
P.O. Box 1335
Jefferson City, MO 65102**