



**Cemetery Board**  
**TRUSTEE APPROVAL APPLICATION**  
**No Fee Required**

Cemetery company Perpetual Care or Preneed trust fund trustees that are **not** a Virginia trust company or trust subsidiary or a federally insured bank or savings institution doing business in the Commonwealth of Virginia, must be approved by the Cemetery Board prior to the transfer of funds.

1. Cemetery Company Name \_\_\_\_\_  
Enter the company name as it appears on the license.

2. Virginia Cemetery Company License No. 

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 Expiration Date \_\_\_\_\_

3. Type of Trust     Perpetual Care                       Preneed

4. Name of Trustee \_\_\_\_\_

5. Trustee's Date of Birth (if applicable) \_\_\_\_\_ (Must be at least 18 years of age.)  
MM/DD/YYYY

6. Select **one** of the following and provide the information below.

Business Federal Employer Identification Number (FEIN)❖                      

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Federal Employer Identification Number (12-3456789)

❖ State law requires every applicant, *who is not a sole proprietor*, to provide a federal employer identification number. *Sole proprietors must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.*

*Sole Proprietor's/Individual's Social Security Number or*

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Social Security or Virginia DMV Number (123-45-6789)

Virginia Department of Motor Vehicles Control Number\*                      Social Security or Virginia DMV Number (123-45-6789)

\* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

7. Is the trustee a Business Entity?  
 Yes   
 No  If no, please provide the following information; then skip to question #9.

Trustee's Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

8. Type of business entity (select only **one**)  
 Sole Proprietorship     Limited Partnership♦     Limited Liability Company♦     Other, please specify:  
 Association                       General Partnership                       Corporation♦

State Corporation Commission Number: \_\_\_\_\_

♦ If your business is a **corporation, limited liability company, or limited partnership**, your business/trade name(s) must be registered with the Virginia State Corporation Commission. For additional information, contact the SCC at [www.scc.virginia.gov](http://www.scc.virginia.gov) or by phone at (804) 371-9733.

9. Trustee's Mailing Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

BOARD USE ONLY	DATE	SCC	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			1020		4905	
			1020		4908	



18. A. Has the **trustee** or **any principals** listed on this application been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of **any misdemeanor within five years** of the date this application? *Any plea of nolo contendere shall be considered a conviction.*

No

Yes  If yes, list the **misdemeanor** conviction(s). Attach your original criminal history record\* and any other information you wish to have considered with this application (i.e., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation; etc.). If necessary, you may attach a separate sheet of paper.

B. Has the **trustee** or **any principals** listed on this application ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of **any felony**, there being no appeal pending therefrom or the time for appeal having elapsed? *Any plea of nolo contendere shall be considered a conviction.*

No

Yes  If yes, list the **felony** conviction(s). Attach your original criminal history record\* and any other information you wish to have considered with this application (i.e., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation; etc.). If necessary, you may attach a separate sheet of paper.

\* Original criminal history record may be obtained by contacting the Virginia State police. Applicants with convictions from other jurisdictions, other than Virginia must provide an original official criminal history record from each state/jurisdiction in which they have been convicted. Virginia residents may request complete criminal records from the Virginia State Police at [www.vsp.virginia.gov](http://www.vsp.virginia.gov) or by phone at 804-674-6718.

19. During the past ten years, has the **trustee** or **any of the individuals** listed on this application had any outstanding judgments, outstanding tax obligations or defaults on bonds?

No

Yes  If yes, provide an explanation of the situation, including the beginning balance, current balance, and payment arrangements:

20. Signature \_\_\_\_\_ Date \_\_\_\_\_  
Trustee's Signature

21. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application. I will notify the Department if the **trustee** or **any principal of the trust firm** are subject to any disciplinary action or convicted of any felony or misdemeanor charges (in any jurisdiction) prior to receiving the requested approval. I also certify that I understand, and have complied with, all the laws of Virginia related to cemetery company licensure under the provisions of Title 54.1, Chapter 23.1 of the *Code of Virginia* and the *Virginia Cemetery Board Regulations*.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Officer, Director or Compliance Agent

**Required Attachment:**

- The appropriate *Fidelity Bond Form* must accompany this application.