



# APPLICATION FOR REGISTRATION OF CEMETERY

DEPARTMENT OF HEALTH AND HUMAN SERVICES

VITAL RECORDS UNIT

SFN 8109 (10-2022)

Name of Cemetery						Date Cemetery Was Originated
LOCATED AT	Section	Township	Range	City	County	Acres in Cemetery
Name of Group or Individual Legally Responsible for Cemetery						
Responsible Party Is A: <input type="checkbox"/> Church <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Municipality <input type="checkbox"/> Association <input type="checkbox"/> Other (specify):						
Name of Sexton						Telephone Number
Address				City	State	ZIP Code
Name of Property Owner as Shown on the Deed						
Was cemetery surveyed by a Registered Land Surveyor? <input type="checkbox"/> Yes <input type="checkbox"/> No				Name of Registered Land Surveyor		
Is original plat filed with the Register of Deeds? <input type="checkbox"/> Yes - Date Filed: <input type="checkbox"/> No						

## OFFICERS OF CEMETERY

Office	Name	Address	Date Term Expires
President			
Vice-President			
Secretary			
Treasurer			
Other			
When are regular meetings held?			
Person Assigned Duty of Superintending the Cemetery	Name	Title	
	Address		Telephone Number
Number Currently Buried in Cemetery <input type="checkbox"/> Estimate, or <input type="checkbox"/> Exact			

This Application for Registration of Cemetery is made pursuant to Section 23-06-21, North Dakota Century Code; and Section 33-05-01-05, North Dakota Administrative Code. All answers to the above questions are true and correct and are to be considered as the basis upon which registration is granted. The sexton or secretary shall notify Vital Records of any changes in the information provided in this application.

Send to:

Department of Health and Human Services  
Vital Records  
600 E. Boulevard Ave., Dept. 325  
Bismarck, ND 58505-0250

(701) 328-4509

Signature of Sexton

Date