



**WEST VIRGINIA OFFICE OF THE ATTORNEY GENERAL  
CONSUMER PROTECTION & ANTITRUST DIVISION**

P.O. Box 1789  
Charleston, WV 25326-1789  
Telephone: (304) 558-8986 or (800) 368-8808

**FUNERAL HOME/CEMETERY APPLICATION**  
CERTIFICATE OF AUTHORITY TO PROVIDE PRENEED FUNERAL CONTRACTS  
(As required under West Virginia Code, Chapter 47, Article 14)

**FEE:** A fee of \$200.00 in the form of a check or money order made payable to the West Virginia Preneed Burial Regulation Fund, for the Certificate of Authority must be attached.

1. **Funeral Home Name:** \_\_\_\_\_

**Corporate owner:** \_\_\_\_\_

If a subsidiary corporation, provide name and address of parent corporation

\_\_\_\_\_  
\_\_\_\_\_

Certificate Holder's COA No. \_\_\_\_\_

Mailing address: \_\_\_\_\_

Business location: \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Business Fax : \_\_\_\_\_

Licensee in Charge \_\_\_\_\_

**NOTE:** If you operate more than one location you must attach a separate address listing for each location and pay the \$200.00 fee for each location.

2. **TYPE OF APPLICATION:** \_\_\_\_\_ Funeral Home \_\_\_\_\_ Cemetery \_\_\_\_\_ Other (Describe Below)

\_\_\_\_\_

**BUSINESS INFORMATION:** Federal Employer Identification Number: \_\_\_\_\_

Funeral Establishment License: \_\_\_\_\_ State: \_\_\_\_\_ Embalmer License: \_\_\_\_\_

Type of Organization: \_\_Corporation | \_\_Partnership | \_\_Sole Proprietorship | \_\_Other: \_\_\_\_\_

List below the names and addresses of the corporate officers, directors, employees and/or partners owning 10% or more interest in the funeral home or corporate owner. If additional space is needed, attach separate sheet:

<u>Name</u>	<u>Title</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has the applicant or any partner, officer, director or employee been convicted of a felony? \_\_\_\_\_

Has the applicant or any partner, officer or employee been convicted of a crime in any jurisdiction which relates to the sale of preneed burial contracts? \_\_\_\_\_

Has the applicant or any partner, officer or director filed bankruptcy? \_\_\_\_\_

Has the applicant or any partner, officer or director been convicted of a crime in any jurisdiction relating to the sale of preneed funeral contracts? \_\_\_\_\_.

Has the applicant, or any partner, officer or director ever had any certificate of authority or license to sell preneed funeral contracts revoked, suspended or otherwise acted against, including denial of licensure, by a licensing authority of another jurisdiction? \_\_\_\_\_

If you answered "yes" to any of the above, attach a written statement giving complete details.

3. **STATEMENT OF EXPERIENCE AND ABILITY**

Attach a detailed statement describing the experience of the applicant and provide such information, **including a current balance sheet prepared by a Certified Public Accountant** that shows that the applicant possesses the experience, financial stability and integrity to deal in preneed funeral contracts.

4. **CONTRACT INFORMATION**

A. If other than the West Virginia Attorney General's supplied forms are to be used, attach samples of the contact form(s) for review. **No contact form may be used unless it has been approved by the Attorney General's Office. Please note that previous approval may not be sufficient because of specific requirements contained in the Attorney General's Rules and Regulations.**

B. If the applicant is currently a party to or bound by any contact, provide an attachment which:

- (1) Summarizes the terms of all outstanding preneed funeral contracts and indicates the date of entry;
- (2) Provides the names and addresses of all parties involved in any such contracts or having rights thereunder; and
- (3) Describes the amount paid toward each contract and if the payments are not completed, the amount owing on each contract and the present depository or holder of all such funds.

5. **AGENTS AND EMPLOYEES:** No certificate holder, agent or employee, may offer for sale or sell preneed funeral contracts in the State of West Virginia without a license for such purpose.

Provide the names and address of any persons who will sell preneed funeral contracts for the applicant. IF additional space is needed, attach a separate list.

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6. **DISPOSITION OF FUNDS:** Provide a detailed explanation of how the funds collected on preneed funeral contracts entered into after June 7, 1983 have been and will be handled:

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**AFFIRMATION FOR INDIVIDUAL OR PARTNERSHIP AND LICENSEE IN CHARGE**

I hereby certify that this application contains true and accurate statements and that I have provided all the information requested in complete and accurate detail. I certify that all business will be conducted in conformity with W. Va. Code, Chapter 47, Article 14, titled PRENEED FUNERAL CONTRACTS ACT, and the Regulation implementing the Act, the terms of which it is further certified that the applicant is familiar.

\_\_\_\_\_  
Title: \_\_\_\_\_

\_\_\_\_\_  
Title: \_\_\_\_\_

\_\_\_\_\_  
Licensee in Charge

Taken, subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

(Notary Seal)

**This application MUST be accompanied by a fee of \$200.00 in the form of a check or money order made payable to the West Virginia Preneed Burial Regulation Fund.**

**Return this Application and Fees to:**

**WEST VIRGINIA OFFICE OF THE ATTORNEY GENERAL  
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P.O. Box 1789  
Charleston, WV 25326-1789**

Revised: September 8, 2005

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**END**

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