



Office of the Georgia Secretary of State  
Cemeteries Division

Date of Notice: June 23, 2020

Establishment Name:

Establishment Address:

Registrant #:

Effective Date: 08/01/2019

Expiration Date: 08/01/2020

**PERPETUAL CARE CEMETERY RENEWAL NOTICE**

Pursuant to The Georgia Cemetery and Funeral Services Act of 2000, the registration for perpetual care cemetery expires on the first day of August (August 1) of each year. Documents and payments to renew the registration for another term may be submitted using SeamlessGov portal, available at <https://sos.ga.gov/index.php/Securities/cemeteries>.

**Respond in full to the following requests for documents and information to complete the renewal application:**

**Item 1:** Sign and submit this notice along with the \$50.00 renewal fee payment. A late renewal penalty of \$550.00 is assessed if submitting after 08/01: \$550.00 (\$500 penalty fee + \$50.00 renewal fee).

Payment may be made by secure credit card transaction if renewing online or by check or money order payable to the "Georgia Secretary of State" if renewing by mail. Mail to: 2 Martin Luther King Jr. Drive, SE, Suite 317, West Tower, Atlanta, Georgia 30334.

**Item 2:** The perpetual care cemetery is under a continuing duty to update records on file with the Secretary of State. Is all information in the original application for Perpetual Care Cemetery current and on file with the Secretary of State?

- YES.
- NO. Submit a statement of any material changes to the organization

**Item 3:** Provide an email address to receive future correspondence from the Secretary of State:

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**Item 4:** Has an annual report for the perpetual care trust and the preneed escrow account been submitted to the Secretary of State by March 31 as is required by law?  YES  NO

**Item 5:** If applicable, submit an Affidavit Regarding Citizenship (attached) and a Secure and Verifiable Document for each new authorized representative (i.e, owner, executive officer or other individual with similar authority) of the organization since the last amendment filed. *\*This is required only for persons who have not previously submitted these document.* If previously filed, check here:

Under penalty of perjury, I swear or affirm that the information I have provided in this application is correct to the best of my knowledge, and that all information pertaining to the application for Perpetual Care Cemetery not presented with this renewal application is current and on file with the Secretary of State.

Signature of Authorize Representative: \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_



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**AFFIDAVIT REGARDING CITIZENSHIP**

Georgia law requires the verification of lawful presence in the U.S. of any natural person 18 years or older who has applied for a state benefit, such as a license, certificate, or registration. Amendments to O.C.G.A. § 50-36-1 became effective January 1, 2012 that require all applicants for licensure, and all those applying for renewal of an existing license, to submit "secure and verifiable documentation" with their application. A list of the approved Secure and Verifiable Documents may be found on the Georgia Secretary of State's website at [sos.ga.gov/admin/files/svd2013.pdf](http://sos.ga.gov/admin/files/svd2013.pdf). If you received your license while residing outside the U.S. and are still living outside the U.S., federal law dictates that your license will be renewed. See O.C.G.A. §50-36-1.

**\*If you are a qualified alien, please submit a copy of your qualified alien documentation to the Division office.**

Please submit this document along with a copy of your Secure & Verifiable Document ("SVD") as indicated on the application and in the sections below.

Registrant Name: \_\_\_\_\_ Registrant #: \_\_\_\_\_

**APPLICANT AFFIDAVIT:**

I swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Board for which I am applying for licensure and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, I hereby swear and affirm one of the following to be true and accurate, pursuant to O.C.G.A. § 50-36-1. Check one of the following:

- "I am a United States citizen 18 years of age or older."  
**Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or other document as indicated on the Board's website or by the Georgia Attorney General.**
- "I am not a United States citizen but I am a legal permanent resident of the United States 18 years of age or older or a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number from the Department of Homeland Security or other federal immigration agency."  
**Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Secretary of State and/or Board for which I am applying for licensure and/or criminal prosecution.

\_\_\_\_\_  
Affiant's Signature Date

Personally appeared before me, the undersigned official authorized to administer oaths, comes  
(Affiant's Printed Name) \_\_\_\_\_,  
who deposes and swears that he/she is the person who executed this affidavit for a license by  
examination in the State of Georgia, and that all of the statements herein contained are true to the  
best of his/her knowledge and belief.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My commission expires: \_\_\_\_\_  
(Notary Seal)