



Cemetery Name:	
Cemetery Authority Name:	
License number:	
Investigator/Inspector:	
Date:	

Cemetery Oversight Act Checklist (Not all inclusive requirements of Act)
Illinois Department of Financial and Professional Regulation, Cemetery Oversight Division

	Yes	No
1.) License Display of the following if applicable: <u>Section 5-15 "Address"</u> a.) Cemetery Authority b.) General Manager c.) Customer Service Employee	<input type="checkbox"/>	<input type="checkbox"/>
2.) View Rules and Regulations <u>Section 20-5(f), 35-15(d)</u>	<input type="checkbox"/>	<input type="checkbox"/>
3.) View current price lists <u>Section 20-5(f), 35-15(d)</u>	<input type="checkbox"/>	<input type="checkbox"/>
4.) View Interment Contract <u>Section 20-10, 35-15(b)</u>	<input type="checkbox"/>	<input type="checkbox"/>
5.) Existence of certified cemetery map <u>Section 20-5(b)</u>	<input type="checkbox"/>	<input type="checkbox"/>
6.) Examine Burial Index/Records <u>Section 20-5(b-5)</u>	<input type="checkbox"/>	<input type="checkbox"/>
7.) Examine example of burial location on a Burial Permit <u>Section 75-50</u>	<input type="checkbox"/>	<input type="checkbox"/>
8.) Identifiable maintenance issues or problem area(s) <u>Section 20-5</u>	<input type="checkbox"/>	<input type="checkbox"/>
9.) Brochure available and Sign posted <u>Section 20-30</u>	<input type="checkbox"/>	<input type="checkbox"/>
10.) Database current <u>Section 20-6</u>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:/ Who met with: