

CEMETERY REGISTRATION  
(ACA 20-17-901 et seq)

County of \_\_\_\_\_

Date \_\_\_\_\_

The application of (Name of Trustees)

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

To Register a cemetery established prior to Acts of 1929, known as  
(Name of Cemetery)

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

Legal description of cemetery (also, see attached survey)

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

This cemetery application is approved and a copy of the registration is to be  
recorded in the office of

\_\_\_\_\_  
(insert County or City Official Title here)

And a copy filed with the Arkansas Department of Health, Engineering Section,  
4815 W. Markham, Little Rock, AR 72205.

\_\_\_\_\_

County or City Official