

Division of Real Estate & Professional Licensing 614 | 466-4100 Fax: 614 | 220-7103 TTY/TDD: 800 | 750-0750

CEMETERY			<b>Burial Permit Fee Report</b>	
For Division Use Only				
File Number:		Fee Number:		
Date Received:		Fee Amount:		
Registration District:		Action:		
Section A: Registrar/Sub-registrar Information.				
File Number:	mber: Name:			
District Number: County:			City:	
Name of Contact Person:				Phone Number:
Email Address:				
Section B: Report Period.				
Reporting Period (e.g. 1/1/2013 – 1/31/2013):				
Section C: During the reporting period listed in Section B, please complete the following table.				
1) Num	ber of Permit Issued:			
*2) Number of Exc	empt Permits Issued:			
3)		Total N	umber of	Chargeable Permits
		A		
4)	x	\$2.50 Cost Pe	r Permit	
5)	Total Amount Due:			

\*This is the number of burial permits fees exempted pursuant to Ohio Health Department rules.

## Section D: Submission.

- A check or money order made payable to the Ohio Division of Real Estate in the amount stated in Section F <u>MUST</u> accompany this report.
- This report is to be completed on a **MONTHLY** basis, even if you have not issued any burial permits during the month.
- If multiple sub-registrar are reporting through one local registrar, please ensure that all reports are sent with the fee share check to the address below:

## Ohio Division of Real Estate and Professional Licensing

77 S High St., 20<sup>th</sup> Fl. Columbus, OH 43215

## THIS REPORT MAY BE REPRODUCED AS NECESSARY