

Arkansas Department of Health
Engineering Section
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Little Rock, Arkansas 72205-3867
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CEMETERY REGISTRATION
(ACA 20-17-901 et seq)

County of _____

Date _____

The application of _____

(Name of Owner(s) or Trustee(s))

To Register a cemetery established prior to Acts of 1929, known as

Name of Cemetery: _____

Legal description of cemetery (or attach): _____

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

(Name and Title of County or City Official)

And a copy filed with the Arkansas Department of Health at the address above.

(County or City Official Signature)