

**Illinois Cemetery Oversight Act**  
**Certification of Map**  
**Cemetery Manager's Certificate**

**Required of Licensed and Partial Exempt Cemetery Managers**

I, \_\_\_\_\_, of \_\_\_\_\_, hereby accept and acknowledge the referenced map as a true and accurate representation of the cemetery, and to the best of my knowledge, that it corresponds to the grave identification process used by the cemetery and to the cemetery records as they exist today.

Under penalty of perjury, I declare that I have examined the map and the foregoing certification, and to the best of my knowledge, they are true and correct.

\_\_\_\_\_  
Signature of Cemetery Manager or Recordkeeping Authority

\_\_\_\_\_  
Date

**You do not have to return this form, it must be kept with cemetery records.**