

NAME OF CEMETERY: St. Joseph Cemetery
 LOCATION OF CEMETERY: 1815 E. Wisconsin Ave Appleton, WI
(Street/Road Address and Town, Village or City)
 CONTACT PERSON: Tina LeFebvre 920-733-1631
(If questions regarding this submittal) (Name) (Phone)

1. Is perpetual care included in a lot purchase in your cemetery?
 (Please attach a copy of the perpetual care agreement) YES NO
2. How many of the veteran graves **DO NOT** include a perpetual care agreement? 0
3. If perpetual care is not included, is **care cost charged to all grave lot owners**? YES NO
1. *Cost per grave upkeep per grave lot
 (Eligible costs divided by total # of grave lots within entire cemetery) \$ _____
2. Number of soldier's graves not covered under perpetual care
 (Including spouses & women's auxiliary) X _____
3. Requested reimbursable expense for care of soldier's graves
 (Including spouses & women's auxiliary) \$ _____
4. Did you provide an up-dated listing of the veteran's names? Yes _____ No _____

We, the officers of St. Joseph Cemetery Cemetery Association, hereby certify that the upkeep and care of each grave is \$ 18.00, that the assessment is in compliance with ss 157.11(7)(a), and ss157.11(7)(b), and is no more than the charge made for the care of other graves, and that such graves are receiving proper care.

It is further certified that suitable care of said graves has not been provided by perpetual care, private funds, or the cost for grave upkeep has not been collected as part of the funeral expenses, or otherwise.

7-11-2023
 Date

C. LeFebvre
 Cemetery Association President

C. LeFebvre
 Cemetery Association Secretary

C. LeFebvre
 Cemetery Association Treasurer

OFFICE OF CITY CLERK
FILED
 JUL 14 2023
 APPLETON, WISCONSIN

At a regular meeting of the Town, Village, City of _____ held on _____, the above charges were approved for payment.

 Municipal Clerk Date

Send Check to: _____

*Cost includes maintenance of grave and tombstone; i.e. grass cutting, weed trimming, leveling of tombstone.