

# CENTENNIAL FARMS PROGRAM RE-CERTIFICATION APPLICATION

(Please fill out completely -- Type or print legibly)



Note which you are requesting *(check one or both, please)*:

**New sign**    and/or     **New certificate**

Name(s) of owner(s) when farm was originally certified: \_\_\_\_\_

Last Name Representing the Family Farm: \_\_\_\_\_

Name(s) of Present Owner: \_\_\_\_\_

Address / Location of Centennial Farm: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Township Name: \_\_\_\_\_ County: \_\_\_\_\_

Original Purchase Date: \_\_\_\_\_ Original acreage: \_\_\_\_\_ Present acreage: \_\_\_\_\_

Name(s) to appear on certificate: \_\_\_\_\_

Legal Description of Land: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In order to update our information about the farm, please list all lineal ancestor owners, beginning with the original and continuing to the present owner

Date	Name	Relationship to Present Owner
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I do hereby certify that I am the owner of the above legally described farm that was previously certified as a Centennial Farm, and as such, said farm is still in the same family of lineal descendants. I further attest that the above information is true and correct.

\_\_\_\_\_  
 Signature of Owner \_\_\_\_\_  
 Date

To whom should the Department address its correspondence, sign and/or certificate?

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Please enclose your check in the amount of \$50.00, payable to the "Centennial Farms Signs Fund", to cover the cost of the sign and return to: **Centennial Farms Program, Illinois Department of Agriculture, Marketing and Promotion, P.O. Box 19281 - State Fairgrounds, Springfield, Illinois 62794-9281 Phone: 217/524-9129**

FOR OFFICE USE ONLY

<b>Date Recertified:</b>		<b>Recertified by:</b>		<b>Check Number:</b>	
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