

# State of Louisiana



## Louisiana State Board of Embalmers and Funeral Directors

### Annual Report of Prepaid Funeral Services or Merchandise

For the period \_\_\_\_\_ to \_\_\_\_\_

Name of Funeral Establishment:

\_\_\_\_\_

Address:

\_\_\_\_\_

License Number:

\_\_\_\_\_

Federal Employer's Identification Number:

\_\_\_\_\_

#### Schedule A

#### Reconciliation of Prepaid Funeral Services or Merchandise

Customer's deposits at start of period (total of column A-schedule B): \$

ADD: Deposits (total of column B - schedule B): \$

ADD: Interest (total of column C - schedule B): \$

LESS: Withdrawals (total of column D - schedule B): \$

Customer's deposits at end of period (total of column E - schedule B): \$

\_\_\_\_\_ Pre Need

\_\_\_\_\_ No Pre Need

\_\_\_\_\_ Pre Need funded by insurance only

# SCHEDULE B

TYPED ONLY - DO NOT HANDWRITE

Transactions for the period

Customer Name	Address	Contract Number	A	B	C	D	E	Name of Financial Institution	Address of Financial Institution	Account Number	Date & Remarks
			Customer's Beginning Balance	Deposits	Interest Credited	Withdrawals	Ending Balance				
Total of each column			A	B	C	D	E				

## Schedule C

### Louisiana State Board of Embalmers and Funeral Directors

State of Louisiana Parish of \_\_\_\_\_  
**BEFORE ME, THE UNDERSIGNED NOTARY PUBLIC PERSONALLY CAME AND  
APPEARED \_\_\_\_\_ WHO AFTER BEING DULY SWORN,  
DEPOSED AND SAID:**

That pursuant to Part II of Chapter 10, Section 861, of Title 37 of the Louisiana Revised Statutes, as amended, making provision for the conduct of business of selling pre-need or pre-paid funeral services or merchandise, he/she does hereby certify the following:

1. All monies paid to or received by the funeral establishment representing proceeds from the selling of prearranged or prepaid services or merchandise, have been deposited not later than five business days after the expiration of the ten day right of cancellation period provided, in the financial institution as listed on Schedule B. This form contains a list of all contracts or deposits made by the funeral establishment from August 1, 1974; or, your affiant certifies that all monies paid to or received by the funeral establishment representing proceeds from the selling of prearranged or prepaid services or merchandise, have been delivered to an insurance company for the purchase of a preneed policy or annuity not later than five business days after the expiration of the ten day right of cancellation period provided. (These insurance/annuity contract do not need to be listed upon Schedule B.)
2. Deposits in financial institutions are carried in individual accounts or certificates of deposit which name the funeral establishment and the funeral recipient and are for the exclusive use and benefit, including all earned interest, of the funeral recipient.
3. There were no co-mingling of these accounts what-so-ever, and, the funeral establishment has deposited in a financial institution or delivered to an insurance company all pre-need funds received to date.
4. Funds withdrawn during the year were done so either at the death of the funeral recipient by presentation of a certified copy of the death certificate to the financial institution or the insurance company for the amount to be withdrawn, together with other requirements of the financial institution or insurance company, or by written notice from the purchaser requesting release of the funds on deposit with the financial institution or cancellation of the insurance vehicle.
5. The funeral establishment did not operate at any time during the year any burial insurance association or society, or issue, give, sell or distribute any contract or agreement certificate or coupon, granting or promising any burial benefits or credits thereon, unless authorized under this part under R.S. Title 22.
6. This report is complete and correct to the best of my knowledge.
7. The signing and submission of this report of Pre-paid Funeral Services or Merchandise shall act as an authorization to the financial institution (as named within our report) or the insurance company which is acting as a depository for these pre-need funds under the provisions of LA R.S. 37:861 or LA R.S. Title 22, to provide any and all requested information and/or documentation to the Louisiana State Board of Embalmers and Funeral Directors.

\_\_\_\_\_  
**Signature of Licensed Manager and License Number**

\_\_\_\_\_  
**Print Name of Signature**

**SWORN TO AND SUBSCRIBED by me, this**

(SEAL)

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

at \_\_\_\_\_

\_\_\_\_\_  
**NOTARY PUBLIC**