

Cemetery Board
PERPETUAL CARE TRUST FUND FINANCIAL REPORT
No Fee Required

Is this an **amended** report?

- No
Yes

Has your **address** changed?

- No
Yes

1. For fiscal year beginning date _____ and ending date _____
2. Basis of Accounting Cash Accrual Other (Please attach an explanation.)
3. Cemetery Company Name _____

Name as it appears on the Cemetery Company's License

4. Virginia Cemetery Company License No.

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 Expiration Date _____

5. Mailing Address (PO Box accepted) _____

City _____ State _____ Zip Code _____

6. Street Address (PO Box not accepted) Check here if Street Address is the same as the Mailing Address listed above.

PHYSICAL ADDRESS REQUIRED

City _____ State _____ Zip Code _____

7. Contact Numbers _____
Primary Telephone _____ Alternate Telephone _____ Fax _____

8. Email Address _____

Email address is considered a public record and will be disclosed upon request from a third party.

9. Has the cemetery company ever sold a lot in Virginia subject to the perpetual care trusting requirements or otherwise responsible for overseeing a Virginia perpetual care trust fund?

- No If no, please sign the Compliance Agent's Affidavit, the Declaration and return this form to the Board.
Yes

10. Name of Trustee _____

11. Trustee's Mailing Address _____
(PO Box accepted)

City _____ State _____ Zip Code _____

12. Trustee's Street Address _____
(PO Box not accepted)

PHYSICAL ADDRESS REQUIRED

City _____ State _____ Zip Code _____

13. Trustee's Contact Person _____
14. Contact Person's Title _____
15. Contact Person's Telephone & Fax Numbers _____
Telephone Fax

16. Is the trustee a Virginia trust company or trust subsidiary or a federally insured bank or savings institution doing business in the Commonwealth of Virginia?
No **If no, you must submit proof that the required bond has been secured and is in effect.**
Yes

17. Company's Compliance Agent Name
Last _____ First _____ Middle _____ Generation _____

18. Compliance Agent's Affidavit
I, the undersigned, certify that the cemetery company submitting this report is in full compliance with the provisions of Title 54.1, Chapter 23.1 of the *Code of Virginia* and the *Virginia Cemetery Board Regulations*. (§ 54.1-2324.A.5 of the *Code of Virginia*)

Signature _____ Date _____
Compliance Agent

Notarization

In the State of _____, City/County of _____, subscribed and sworn before me, the undersigned Notary Public in and for the City/County aforesaid this _____, day of _____, _____.
My commission expires the _____, day of _____, _____.

Affix official seal here.

Signature of Notary Public

19. Declaration
I, the undersigned, certify that the foregoing statements and answers are true, including any accompanying schedules and statements, and I have not suppressed any information. I also certify that I understand, and have complied with, all the laws of Virginia related to cemetery company licensure under the provisions of Title 54.1, Chapter 23.1 of the *Code of Virginia* and the *Virginia Cemetery Board Regulations*, and I understand this affidavit.

Print Name _____ Title _____

Signature _____ Date _____
Officer, Director or Compliance Agent

Notarization

In the State of _____, City/County of _____, subscribed and sworn before me, the undersigned Notary Public in and for the City/County aforesaid this _____, day of _____, _____.
My commission expires the _____, day of _____, _____.

Affix official seal here.

Signature of Notary Public