

Cemetery Board
PRENEED 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. Street Address _____
(PO Box not accepted)
City _____ State _____ Zip Code _____
6. Contact Numbers _____
Primary Telephone _____ Alternate Telephone _____ Fax _____
7. Email Address _____
Email address is considered a public record and will be disclosed upon request from a third party.
8. Has the cemetery company ever sold a lot in Virginia subject to the Preneed trusting requirements or otherwise responsible for overseeing a Virginia Preneed trust fund?
Yes
No If no, sign the Compliance Agent's Affidavit, the Declaration and return this form to the Board.
9. Name of Trustee _____
10. Trustee's Address _____
City _____ State _____ Zip Code _____
11. Trustee's Contact Person _____
12. Contact Person's Title _____
13. Telephone & Fax Numbers _____
Telephone _____ Fax _____
14. 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

15. Company's Compliance Agent Name

Last First Middle Generation

16. 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*.

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

17. 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