



Department of Commerce

Division of Real Estate & Professional Licensing

John R. Kasich, Governor 77 South High Street, 20th Floor
David Goodman, Director Columbus, Ohio 43215-6133 U.S.A.

Please visit our website at www.com.ohio.gov/real

216 | 787-5669
Fax 614 | 220-7103
TTY/TDD: 800 | 750-0750

CEMETERY

CEMETERY MERCHANDISE AND SERVICES TRUST ANNUAL FUND REPORT

OHIO REVISED CODE SECTION 1721.211

YEAR _____

Please complete this annual report and affidavit for preneed Cemetery Merchandise and Services Contract Sales. **Return your completed report and affidavit with your Cemetery Registration Renewal Application.**

1. Name of Cemetery _____
2. Cemetery File No.: _____ Owner File No.: _____
3. Does the Cemetery sell preneed cemetery merchandise and services?
Yes _____ No _____
4. Name & address of Financial Institution where preneed Cemetery Merchandise and Services Trust Fund is held: Name: _____
Acct. No.: _____
5. Balance of preneed Cemetery Merchandise and Service Trust at start of previous fiscal year: \$ _____
6. Total of gross sales from preneed cemetery merchandise and services contracts for previous fiscal year: \$ _____
7. Does your cemetery accept installment payments to fund sales referenced in question #4 above? Yes _____ No _____
8. What is the total value of cash sales and installment sales receiving their final payment in the previous fiscal year, for preneed cemetery merchandise and services contracts? \$ _____
9. Balance of preneed Cemetery Merchandise and Services Trust at the end of previous fiscal year: \$ _____

10. Have you made any withdrawals from the Cemetery Merchandise and Service Trust, during the previous calendar or fiscal year? Yes_____ No_____ If yes, indicate the total amount for this period? \$_____
11. Total amount of deposits into preneed Merchandise and Services Trust during the previous fiscal year: \$_____
12. List the name and address of either the at least 3 bonded individuals or the trust company, national bank, or federal savings association that is the Trustee of your Preneed Merchandise/Services Trust.

NAME

ADDRESS

_____	_____
_____	_____
_____	_____

Please print and sign your name along with your address and phone number below.

_____	_____
Printed Name	Signature

Address: _____

Phone: () _____