



CEMETERY PERPETUAL CARE FUND ANNUAL REPORT

State Form 54935 (R2 / 11-14)

STATE BOARD OF FUNERAL AND CEMETERY SERVICE
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204-2724
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www.IN.gov/pla

INSTRUCTIONS: 1. Requirements for annual report can be found in IC 23-14-48.
2. Include a copy of the detailed accounting and report of perpetual care fund for preceding fiscal year pursuant to IC 23-14-48-7.

NO FEE

Check one: Registration Annual Report

Name of cemetery Cemetery Registration number

Address of cemetery (number and street, city, state, and ZIP code)

Owner information (check one)
 Individual Corporation Limited Liability Company Partnership Other

INDIVIDUAL

Name

Address of residence (number and street, city, state, and ZIP code)

Address of business (number and street, city, state, and ZIP code)

CORPORATION

Indicate the name and address of each officer, director, and shareholder holding at least twenty-five percent (25%) of the corporation stock.

Name of officer

Address of officer (number and street, city, state, and ZIP code)

Name of officer

Address of officer (number and street, city, state, and ZIP code)

Name of officer

Address of officer (number and street, city, state, and ZIP code)

LIMITED LIABILITY COMPANY

Indicate the name and address of each manager and member.

Name of manager / member

Address of manager / member (number and street, city, state, and ZIP code)

Name of manager / member

Address of manager / member (number and street, city, state, and ZIP code)

Name of manager / member

Address of manager / member (number and street, city, state, and ZIP code)

PARTNERSHIP

Indicate name and address of each partner.

Name of partner

Address of partner (number and street, city, state, and ZIP code)

Name of partner

Address of partner (number and street, city, state, and ZIP code)

Name of partner

Address of partner (number and street, city, state, and ZIP code)

I (We) hereby affirm, under the penalties for perjury, that all of the information contained in this disclosure is true and correct.

Signature of owner, manager, or partner Date (month, day, year)

Printed name of owner, manager, or partner