

STATE BOARD OF FUNERAL & CEMETERY SERVICE PROFESSIONAL LICENSING AGENCY 402 West Washington Street, Room W072 Indianapolis, Indiana 46204 (317)-234-3031 www.pla.IN.gov

If additional space is required, please use a separate sheet of paper.

Pursuant to IC 30-2-10-8, a funeral home, licensed under IC 25-15 that is named as beneficiary of funeral trust funds, shall annually report to the State Board of Funeral and Cemetery Service; for the period of January 1, 20 to December 31, 20			
Name of funeral home			Funeral home license number
Address of funeral home (number and street, city, state, and ZIP code)			
NAME AND ADDRESS OF ANY TRUSTEE WITH WHICH FUNERAL TRUST FUNDS ARE DEPOSITED FOR THE FUNERAL HOME			
NAME OF TRUSTEE ADDRESS (number and street, city, state, and ZIP code)			eet, city, state, and ZIP code)
NOTARY CERTIFICATE (SWORN OATH)			
STATE OF	SS:		
I,, having been duly sworn on oath, say that I am the acting representative of the above named funeral home, that I have personally prepared the foregoing report, and that the same is true to the best of my knowledge and belief.			
Signature of acting representative of funeral home			Date subscribed and sworn (month, day, year)
Printed or typed name of acting representative		Title of acting representative of funeral home	
Signature of Notary Public		1	County of residence
Printed or typed name of Notary Public			Date commission expires (month, day, year)