ANNUAL REPORT OF FUNERAL TRUST FUNDS

State Form 45266 (R4 / 4-14)

STATE BOARD OF FUNERAL & CEMETERY SERVICE
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317)-234-3031
E-mail: pla12@pla.in.gov
www.pla.IN.gov

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

NO FEE

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.

Name of funeral home	Funeral home license number	Reporting year
Address of funeral home *(number and street, city, state, and ZIP code)*	E-mail address	

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)***

I certify that I personally completed this application, and that the information hereon is true and correct to the best of my knowledge and belief. I understand that providing fraudulent information may be grounds for disciplinary action.

Signature of acting representative of funeral home	Date subscribed and sworn *(month, day, year)*