Reset Form

ANNUAL REPORT PURSUANT TO IC 30-2-13

State Form 45279 (R8 / 4-14)
Approved by State Board of Accounts, 2014

Fiscal year ending

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

INSTRUCTIONS: *1. Include the $10.00 fee payable to Indiana Professional Licensing Agency.*
2. This report must be filed with the Board no later than ninety (90) days after the end of the establishment's fiscal year.
3. The information requested below shall be provided for the preceding fiscal year, as specified below.

FOR OFFICE USE ONLY		
Application fee	Date fee paid (*month, day, year*)	Receipt number
License number issued	Date license issued (*month, day, year*)	License obtained by

DO NOT WRITE ABOVE THIS LINE

SECTION A

Mark applicable box:
☐ Cemetery ☐ Funeral Home ☐ Perpetual Care Fund ☐ Other seller *(specify)* _____

1. Name, address and certificate of authority number *(if applicable)* of cemetery, funeral home, perpetual care fund or other seller.

Name of cemetery, funeral home, perpetual care fund or other seller	Certificate of authority number	License / Registration number

Address (*number and street, city, state, and ZIP code*)	E-mail address
Name of contact person	Telephone number ( )

2. Name(s), address(es), and certificate of authority number(s) of the establishment(s) that will provide the services or merchandise (*if different from above*):

Name of establishment	Certificate of authority number
Address (*number and street, city, state, and ZIP code*)	
Name of establishment	Certificate of authority number
Address (*number and street, city, state, and ZIP code*)	

3a. If owner is a sole proprietorship, give the name and business address:

Name of sole proprietor
Address of business (*number and street, city, state, and ZIP code*)

3b. If owner is a partnership, corporation or other non-natural person, give the name and address of:

i. Name of resident agent
Address (*number and street, city, state, and ZIP code*)
ii. Name of chief officer
Address (*number and street, city, state, and ZIP code*)

4. If reporting for a cemetery, the amount of funds received by the owner during the previous fiscal year that are subject to the trust requirements set forth in IC 23-14-48 are required to be reported as follows:

a. Amount of funds received for interment, entombment and columbarium niche rights sold:	$
b. As set forth in 4a above, the combined liability pursuant to IC 23-14-48-3 of 15% or $.80 per square foot of ground interment rights sold, whichever is greater; 8% or $100.00 per entombment rights sold, whichever is greater; and a minimum of $20.00 per columbarium niche rights sold:	$
c. Amount of funds actually placed in trust from sales reported in 4a above:	$

d. Name and address(es) of trustee(s):

Name of trustee

Address (*number and street, city, state, and ZIP code*)

Name of trustee

Address (*number and street, city, state, and ZIP code*)

Name of trustee

Address (*number and street, city, state, and ZIP code*)

Name of trustee

Address (*number and street, city, state, ZIP code*)

e. If cemetery funds were not held in trust by a corporate trustee, give the name and address of the corporate surety and amount of trustee's bond required by IC 23-14-51:

Name of corporate surety	Amount of trustee's fidelity bond
	$

Address (*number and street, city, state, and ZIP code*)

5a. If life insurance policies, annuity products, and amount(s) of money, or other property was received to fund pre-need contracts, give (*answer all that apply*):

i. Name of life insurance company(ies) issuing the policy(ies) or annuity products

ii. The total amount of all policies, annuities, and/or money received on all pre-need contracts

$

iii. Identity of the property accepted

5b. Amount from 5a above, required to be placed in escrow	5c. Amount from 5b above, actually placed in trust or escrow:
$	$

5d. Name and address of the trustee and/or name and address of the institution holding the escrow funds for amount set forth in 5c above.

Name

Address (*number and street, city, state, and ZIP code*)

Name

Address (*number and street, city, state, and ZIP code*)

CERTIFICATION / AFFIDAVIT

I do hereby affirm, under the penalties of perjury, that all of the information contained in this Annual Report is true and correct. I (we) understand that accurate books, records, and accounts, which support this information, must be maintained for three (3) years after the date of full performance of a contract. Violation of IC 30-2-13 may result in action being taken against me (us) by the State Board of Funeral and Cemetery Service.

Signature of owner / president / vice-president	Printed name of owner / president / vice-president
Signature of treasurer / secretary (*if owner is not an individual*)	Printed name of treasurer / secretary