



**Cemetery Board  
PERPETUAL CARE FIDELITY BOND FORM**

\_\_\_\_\_ located at \_\_\_\_\_  
Name of Cemetery Company Street Address  
\_\_\_\_\_ has applied to the Virginia Cemetery Board for a Cemetery  
City, State, Zip Code

Company License \_\_\_\_\_ is the Trustee of the Perpetual Care  
Principal (name)

Trust Fund for \_\_\_\_\_  
Name of Cemetery Company

1. It is hereby established that \_\_\_\_\_ [Principal] and \_\_\_\_\_ [Surety], a surety company authorized to do business in the Commonwealth of Virginia, are held and firmly bound to the Perpetual Care Trust Fund for \_\_\_\_\_ [Cemetery Company] in an amount equal to 100% of the value of the principal of the trust estate at the beginning of each calendar year, in accordance with, and subject to, the provisions of § 54.1-2317 of the *Code of Virginia*.
2. Upon default on the part of the Principal in the performance of any of the terms, covenants or conditions of its obligation to maintain the Perpetual Care Trust Fund in accordance with Title 54.1, Chapter 23.1 of the *Code of Virginia*, the Surety shall become liable to the Perpetual Care Trust Fund for \_\_\_\_\_ [Cemetery Company] in the amount of 100% of the value of the principal of the trust estate at the beginning of the calendar year (not to exceed the amount of this bond) to be paid no later than 30 days after notice to the Surety of its liability.
3. This bond shall remain in full force and effect for a period of one year from the date hereof and shall automatically renew itself from year to year thereafter unless and until \_\_\_\_\_ [Surety] shall give 30 days prior written notice to the purchaser and the Virginia Cemetery Board by certified mail, return receipt requested, of its intent to terminate the bond at the expiration of said 30 day period. During said 30 day notice period, this bond shall remain in full force and effect.
4. In the event of any conflict between the terms of this bond and Title 54.1, Chapter 23.1 of the *Code of Virginia*, the Code shall prevail.

Signed and sealed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Trustee's Name \_\_\_\_\_

Trustee's Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

\_\_\_\_\_ [seal] \_\_\_\_\_ [seal]

Principal \_\_\_\_\_ Surety \_\_\_\_\_  
\_\_\_\_\_