Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
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Cemetery Board
PERPETUAL CARE TRUST FUND FINANCIAL REPORT - SCHEDULE B
Statement of Required Deposits

Include all deposits for receipts received during the reporting period (cash or accrual). Cemetery Company Name Enter the company name as it appears on the license. Virginia Cemetery Company License Number **Expiration Date** Column A Column B Column C Column D Monthly Receipts Subject to Deposit Requirement Required Deposit **Amount Deposited** Date of Deposit Month and Year Total (add entries in each column) Last Month of Filing Period (cash basis filers only) The total of Column B, Line 13 must agree with Schedule A, Line 2. As of the beginning of the fiscal year covered by this report, has your company recovered all of its original perpetual care trust fund deposits under § 54.1-2321 of the Code of Virginia? Yes No If no, enter the amount of recoveries claimed during the fiscal year covered by this report:

Also enter the amount of the trust that has not been recovered as

of the end of the fiscal year: