



Cemetery Board
PERPETUAL CARE TRUST FUND FINANCIAL REPORT - SCHEDULE D
Statement of Investment Securities

Enter the information requested for the fiscal year covered by this report. Attach additional pages if necessary.

Cemetery Company Name _____
Enter the company name as it appears on the license.

Virginia Cemetery Company License Number _____ Expiration Date _____

Column A Par Value or Number of Shares	Column B Description of Asset or Security (Include name of maker or issuer, stated interest rate, maturity date, and description of collateral.)	Column C Cost	Column D Fair Market Value
	Total		

☛ The total of Column C must agree with Schedule A, Line 15.

If any asset or security is in default or otherwise considered uncollectible, check here , and attach relevant documentation.