

Cemetery Board
PERPETUAL CARE TRUST FUND FINANCIAL REPORT
No Fee Required

Is this an **amended** report?

- No
Yes

Has your **address** changed?

- No
Yes

1. For fiscal year beginning date _____ and ending date _____

2. Basis of Accounting Cash Accrual Other (Please attach an explanation.)

3. Cemetery Company Name _____
Name as it appears on the Cemetery Company's License

4. Virginia Cemetery Company License No. _____ Expiration Date _____

5. Mailing Address (PO Box accepted) _____

City _____ State _____ Zip Code _____

6. Street Address (PO Box not accepted) Check here if Street Address is the same as the Mailing Address listed above.

PHYSICAL ADDRESS REQUIRED

City _____ State _____ Zip Code _____

7. Contact Numbers _____
Primary Telephone _____ Alternate Telephone _____ Fax _____

8. Email Address _____
Email address is considered a public record and will be disclosed upon request from a third party.

9. Has the cemetery company ever sold a lot in Virginia subject to the perpetual care trusting requirements or otherwise responsible for overseeing a Virginia perpetual care trust fund?

No If no, please sign the Compliance Agent's Affidavit, the Declaration and return this form to the Board.

Yes

10. Name of Trustee _____

11. Trustee's Mailing Address _____
(PO Box accepted)

City _____ State _____ Zip Code _____

12. Trustee's Street Address _____
 Check here if Street Address is the same as the Mailing Address listed above.

(PO Box not accepted)

PHYSICAL ADDRESS REQUIRED

City _____ State _____ Zip Code _____

13. Trustee's Contact Person _____
14. Contact Person's Title _____
15. Contact Person's Telephone & Fax Numbers _____
Telephone Fax

16. Is the trustee a Virginia trust company or trust subsidiary or a federally insured bank or savings institution doing business in the Commonwealth of Virginia?
 No **If no, you must submit proof that the required bond has been secured and is in effect.**
 Yes

17. Company's Compliance Agent Name

Last First Middle Generation

18. Compliance Agent's Affidavit
 I, the undersigned, certify that the cemetery company submitting this report is in full compliance with the provisions of Title 54.1, Chapter 23.1 of the *Code of Virginia* and the *Virginia Cemetery Board Regulations*. (§ 54.1-2324.A.5 of the *Code of Virginia*)

Signature _____ Date _____
Compliance Agent

Notarization

In the State of _____, City/County of _____, subscribed and sworn before me, the undersigned Notary Public in and for the City/County aforesaid this _____, day of _____, _____.
 My commission expires the _____, day of _____, _____.

Affix official seal here.

Signature of Notary Public

19. Declaration
 I, the undersigned, certify that the foregoing statements and answers are true, including any accompanying schedules and statements, and I have not suppressed any information. I also certify that I understand, and have complied with, all the laws of Virginia related to cemetery company licensure under the provisions of Title 54.1, Chapter 23.1 of the *Code of Virginia* and the *Virginia Cemetery Board Regulations*, and I understand this affidavit.

Print Name _____ Title _____
 Signature _____ Date _____
Officer, Director or Compliance Agent

Notarization

In the State of _____, City/County of _____, subscribed and sworn before me, the undersigned Notary Public in and for the City/County aforesaid this _____, day of _____, _____.
 My commission expires the _____, day of _____, _____.

Affix official seal here.

Signature of Notary Public