

RENEWAL OF CERTIFICATE OF AUTHORITY AND DISCLOSURE AND PAYMENT OF PREPAID CONTRACTS SOLD

State Form 51264 (R2 / 4-14)

Approved by State Board of Accounts, 2014

**STATE BOARD OF FUNERAL & CEMETERY SERVICE
PROFESSIONAL LICENSING AGENCY**

402 West Washington Street, Room W072

Indianapolis, Indiana 46204

Telephone: (317)-234-3031

E-mail: pla12@pla.in.gov

www.pla.IN.gov

Application for a certificate of authority to sell prepaid services and merchandise in the State of Indiana in compliance with IC 30-2-13-33. "Seller" means a person, a firm, a limited liability company, a corporation, an association, or a partnership contracting to provide services or merchandise, or both, to a named individual or contracting to provide or sell both a contract and a funding mechanism to be used in conjunction with the purchase of services or merchandise. (IC 30-2-13-10) Renewal applications shall be filed by March 1st of each year.

* Your Social Security number is being requested by this state agency in accordance with IC 4-1-8-1. Disclosure is mandatory and this record cannot be processed without it.

FOR OFFICE USE ONLY

Application fee	Date fee paid (<i>month, day, year</i>)	Receipt number
License number issued	Date license issued (<i>month, day, year</i>)	License obtained by

DO NOT WRITE ABOVE THIS LINE

Instructions for disclosure and payment of prepaid contracts sold:

1. Complete the requested information and remit with a check in the appropriate amount, payable to INDIANA PROFESSIONAL LICENSING AGENCY separate check required for each renewal.
2. A SEPARATE DISCLOSURE AND PAYMENT OF PREPAID CONTRACTS SOLD FORM IS TO BE COMPLETED FOR EACH GEOGRAPHIC LOCATION OF A SELLER.

Name of seller (<i>funeral home, cemetery, funeral branch, crematory, etc.</i>)	Certificate of authority number	Expiration date (<i>month, day, year</i>)
Address of seller (<i>number and street, city, state, and ZIP code</i>)		E-mail address

I hereby affirm that the above named seller is of good moral character, operates using fair business practices, and has not been convicted of a criminal offense.

SELLER'S AGENTS

The following persons have authority to directly represent the above named seller as agents (*attach additional sheets, if necessary*):

[illegible]

REPORT OF PREPAID CONTRACTS

Pursuant to IC 30-2-13-27, no later than March 1st of each year, you are REQUIRED to make payment into the Prepaid Consumer Protection Fund for each prepaid contract sold under IC 30-2-13 within the previous calendar year JANUARY 1 THROUGH DECEMBER 31. Failure to submit this report and make the required payment may result in action being taken against you by the State Board of Funeral and Cemetery Service.

NUMBER OF PREPAID CONTRACTS SOLD

PREPAID CONTRACTS SOLD AT A PURCHASE PRICE OF:	NUMBER OF SALES	X	REQUIRED PAYMENT	=	TOTAL
1. \$499.99 or less		X	\$2.50	=	\$
2. \$500.00 - \$1499.99		X	\$5.00	=	\$
3. \$1500.00 or more		X	\$10.00	=	\$
TOTAL OF LINES 1 through 3 PAY THIS AMOUNT					\$

Please check here if no prepaid contracts were sold in the previous calendar year January 1 through December 31: ☐

CERTIFICATION / AFFIDAVIT

I do hereby affirm, under the penalties of perjury, that all of the information contained in this disclosure is true and correct. I (we) understand that accurate books, records and accounts must be maintained which support this information for three (3) years after the date of full performance of a contract and that 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 (if owner is not an individual)



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
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- 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
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Address (number and street, city, state, and ZIP code)	E-mail address
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Name of contact person	Telephone number ()
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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
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Address (number and street, city, state, and ZIP code)
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Name of establishment	Certificate of authority number
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Address (number and street, city, state, and ZIP code)
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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)
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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)
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ii. Name of chief officer

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



ANNUAL REPORT OF FUNERAL TRUST FUNDS

State Form 45266 (R4 / 4-14)

Reset Form

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If additional space is required, please use a separate sheet of paper.

NO FEE

Pursuant to IC 30-2-10-8, a funeral home, licensed under IC 25-15 that is named as beneficiary of funeral trust funds, shall annually report to the State Board of Funeral and Cemetery Service.

Name of funeral home	Funeral home license number	Reporting year
Address of funeral home (number and street, city, state, and ZIP code)		E-mail address

NAME AND ADDRESS OF ANY TRUSTEE WITH WHICH FUNERAL TRUST FUNDS ARE DEPOSITED FOR THE FUNERAL HOME	
NAME OF TRUSTEE	ADDRESS (number and street, city, state, and ZIP code)

I certify that I personally completed this application, and that the information hereon is true and correct to the best of my knowledge and belief.
I understand that providing fraudulent information may be grounds for disciplinary action.

Signature of acting representative of funeral home	Date subscribed and sworn (month, day, year)
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