Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-0010
www.dpor.virginia.gov

Cemetery Board
PRENEED 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. 4901 Expiration Date ___________

5. Street Address ____________________________________________________
   (PO Box not accepted)
   City ________________ State ________________ Zip Code ________________

6. Contact Numbers _________________________________________________
   Primary Telephone __________________ Alternate Telephone __________ Fax __________

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

8. Has the cemetery company ever sold a lot in Virginia subject to the Preneed trusting requirements or otherwise responsible for overseeing a Virginia Preneed trust fund?
   Yes ☐
   No ☐ If no, sign the Compliance Agent's Affidavit, the Declaration and return this form to the Board.

9. Name of Trustee _________________________________________________

10. Trustee's Address _______________________________________________
    City ___________________ State ___________________ Zip Code ___________

11. Trustee's Contact Person __________________________________________

12. Contact Person's Title ____________________________________________

13. Telephone & Fax Numbers __________________ Telephone ____________ Fax ____________

14. 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 ☐
15. Company's Compliance Agent Name

Last __________________________ First __________________________ Middle __________________________ Generation __________________________

16. 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.

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

17. 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