



**Department of Commerce**

Division of Real Estate & Professional Licensing

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# CEMETERY

## CEMETERY MERCHANDISE AND SERVICES TRUST ANNUAL FUND REPORT

OHIO REVISED CODE SECTION 1721.211

YEAR \_\_\_\_\_

Please complete this annual report and affidavit for preneed Cemetery Merchandise and Services Contract Sales. **Return your completed report and affidavit with your Cemetery Registration Renewal Application.**

1. Name of Cemetery \_\_\_\_\_
2. Cemetery File No.: \_\_\_\_\_ Owner File No.: \_\_\_\_\_
3. Does the Cemetery sell preneed cemetery merchandise and services?  
Yes \_\_\_\_\_ No \_\_\_\_\_
4. Name & address of Financial Institution where preneed Cemetery Merchandise and Services Trust Fund is held: Name: \_\_\_\_\_  
Acct. No.: \_\_\_\_\_  
\_\_\_\_\_
5. Balance of preneed Cemetery Merchandise and Service Trust at start of previous fiscal year: \$ \_\_\_\_\_
6. Total of gross sales from preneed cemetery merchandise and services contracts for previous fiscal year: \$ \_\_\_\_\_
7. Does your cemetery accept installment payments to fund sales referenced in question #4 above? Yes \_\_\_\_\_ No \_\_\_\_\_
8. What is the total value of cash sales and installment sales receiving their final payment in the previous fiscal year, for preneed cemetery merchandise and services contracts? \$ \_\_\_\_\_
9. Balance of preneed Cemetery Merchandise and Services Trust at the end of previous fiscal year: \$ \_\_\_\_\_

10. Have you made any withdrawals from the Cemetery Merchandise and Service Trust, during the previous calendar or fiscal year? Yes\_\_\_\_\_ No\_\_\_\_\_
- If yes, indicate the total amount for this period? \$\_\_\_\_\_
11. Total amount of deposits into preneed Merchandise and Services Trust during the previous fiscal year: \$\_\_\_\_\_
12. List the name and address of either the at least 3 bonded individuals or the trust company, national bank, or federal savings association that is the Trustee of your Preneed Merchandise/Services Trust.

**NAME**

**ADDRESS**

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Please print and sign your name along with your address and phone number below.

|              |           |
|--------------|-----------|
| _____        | _____     |
| Printed Name | Signature |

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_