SURETY BOND

Bond Amount \$	Bond No.
KNOW ALL PERSONS BY THESI	E PRESENTS:
That	as "Principal"
(Name and Address	ss of Principal)
and	
(Name and Address a surety company duly authorized to firmly bound unto the State of Oklah and purchasers of cemetery merchand (\$), lawful money of the sure of the sur	do business in the State of Oklahoma, as "Surety", are held and oma for the benefit of the Oklahoma Insurance Commissioner idise, in the penal sum of
jointly and severally, by the terms he	our heirs, executors, administrators, successors and assigns, ereof:
WHEREAS, the Principal has entere contracts under the provisions of the	d into, and may later enter into, prepaid cemetery merchandise Oklahoma Cemetery Merchandise Trust Act (Title 36 O.S. § ') and the rules and regulations pertaining thereto;
	trust requirements of section 7126 of the Act (Title 36 O.S. § ase and maintain this surety bond, subject to the approval of the 3 and
prepaid cemetery merchandise contra	ated, this bond secures liabilities of Principal resulting from acts entered into before and after the effective date of this bond to the requirements of section 7127 of the Act. a follows:
Principal's duties, obligations and recontracts and under the provisions of to those entitled thereto all amounts of	gation are such that if Principal shall faithfully perform all of equirements under any and all prepaid cemetery merchandise the Act, and shall faithfully account for and promptly pay over or sums of money due under the terms of such contracts and the ation shall be void, otherwise to remain in full force and effect.
each subsequent anniversary of the Ir Oklahoma Insurance Commissioner	shall automatically renew on the Initial Maturity Date and on nitial Maturity Date unless Surety provides written notice to the of the termination of this bond pursuant to the requirements of nation, Surety shall remain liable for obligations arising during

effective this day of, 20_	·
Principal - Print Name	Surety - Print Name
By:	By:(Signature)
Title:	Title:
State of County of	nt for Principal
This instrument was acknowledged before me on as of	
My commissioner expires:	Signature of Notary
State of County of	ent for Surety
This instrument was acknowledged before me on as of	
My commissioner expires:	Signature of Notary
NAME, ADDRESS AND TELEPHONE NUM CONTACTED IN THE EVENT A CLAIM MUS	
Name: Titl	e:
Address: City: Telephone Number: ()	
City: State:	Zip:
reiepnone Number: ()	