

## IDENTIFICATION FORM FOR ALLOCATION OF FEES

Due on or before March 15  
Oklahoma Insurance Department  
400 Northeast 50th Street  
Oklahoma City, OK 73105

(Complete this form for *each cemetery* owned by the Organization)

1. Name of Organization: \_\_\_\_\_  
(legal name of organization)  
Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Person to contact regarding this Document: \_\_\_\_\_  
E-mail address of person to contact regarding this Document: \_\_\_\_\_
2. Name of Cemetery (if different than that of the Organization): \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_
3. To whom should Examination Reports be mailed (name and address): \_\_\_\_\_  
\_\_\_\_\_
4. Circle the applicable answers and complete the blanks.

					<u>Dept Use</u>
A)	Perpetual Care Annual Report Fee	\$200	Yes	No	2819924-100
B)	Cemetery Merch. Annual Report Fee (Trust Fund)	\$200	Yes	No	2819925-200
C)	Cemetery Merch. Annual Report Fee (Surety Bond)	\$200	Yes	No	2819925-100
D)	Cemetery Merchandise Renewal Permit Fee	\$200	Yes	No	2819926-200
E)	Renewal Permit Late Fee (if filed after March 15)	\$200	Yes	No	2819927-100
5. Total Amount of the check submitted \$ \_\_\_\_\_