

PERPETUAL CARE ANNUAL REPORT

(for use with Perpetual Care Fund Trust Accounts)

As required by Title 36 O.S. § 7106
Due on or before March 15

**Submit with a check for \$200 to:
Oklahoma Insurance Department
400 Northeast 50th Street
Oklahoma City, OK 73105
(405) 521-3966**

Annual Statement As Of Calendar Year Ended December 31, _____.

1. Name of Organization: _____
(legal name of organization)

Address: _____
(Street) (City) (State) (Zip)

Telephone Number: _____ Fax Number: _____

2. Name of Cemetery (if different than that of the Organization): _____

Address: _____
(Street) (City) (State) (Zip)

Telephone Number: _____ Fax Number: _____

3. Name of person to contact about this Report: _____

E-mail Address of person to contact about this Report: _____

Telephone Number: _____ Fax Number: _____

4. Name of Financial Institution/Trustee: _____

Address of Financial Institution/Trustee: _____

Name and Phone Number of Trust Officer: _____

E-mail Address of Trust Officer: _____

Fax Number of Trust Officer: _____

5. Gross amount received from sales of “burial spaces”¹ since last report. \$ _____
6. Total purchase price of “burial spaces”¹ on contracts which received final payment during the year. \$ _____
7. Total amount of the principal of the Perpetual Care Fund as per the end of the previous calendar year, December _____: \$ _____
 - a. Amount added thereto as required by Title 36 O.S. section 7103. \$ _____
 - b. Amount added thereto as required by Title 36 O.S. section 7104. (Donations and bequests) \$ _____
 - c. Other: _____ \$ _____
8. Total amount of the principal of the Perpetual Care Fund as of the end of the current reporting fiscal year:
Total item 7, 7(a) , 7(b), and 7(c). \$ _____
9. Cash on hand. \$ _____
10. Income derived from the Perpetual Care Fund during the preceding calendar year: \$ _____
11. Operating expenses incurred during the year that are eligible to be paid from Perpetual Care Fund Income. \$ _____
12. Gross expenditure from Perpetual Care Fund Income during last calendar year. \$ _____
13. ***On a separate sheet of paper, itemize the investments with respect to the total shown on Item 8. Detail as to deposited principal, undistributed income/gain. Also attach a copy of the year end trustee bank statement.***

¹ “Burial Spaces” means any grave space, lot, mausoleum crypt, lawn crypt, or niche which is used or intended to be used for the interment of human remains.

CERTIFICATIONS

I, the undersigned, do hereby certify that the amounts shown above in Items 5,6,7, and 11 of this Perpetual Care Annual Report are true and correct to the best of my knowledge and belief.

Signature

Print Name

Title

Name of Organization/Cemetery

This instrument was acknowledged before me on _____, by _____,
as _____ of _____.

Commission Expires: _____

Notary: _____

Commission Number: _____

[seal]

I, the undersigned, Trustee of the perpetual care trust fund for the cemetery named in this Perpetual Care Annual Report, do hereby certify that the amounts shown above in Items 7, 8, 9, 10, and 12, and in the attachment pursuant to Item 13, are true and correct to the best of my knowledge and belief.

Signature

Print Name

Name of Trustee

This instrument was acknowledged before me on _____, by _____,
as _____ of _____.

Commission Expires: _____

Notary: _____

Commission Number: _____

[seal]