

PERPETUAL CARE ANNUAL REPORT

(for use with Perpetual Care Fund Certificate of Deposit 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
3625 NW 56th Suite 100
Oklahoma City, OK 73112
(405) 521-3966**

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. Description of the Certificate of Deposit by which the Cemetery maintains its perpetual care fund:
Amount: \$ _____ Term: _____
Date Issued: _____ Maturity Date _____

5. Name of Financial Institution Issuing the CD: _____
Address of Financial Institution: _____
(Street) (City) (State) (Zip)
Name of Contact Person at Financial Institution: _____
E-mail Address of Contact Person at Financial Institution: _____
Telephone Number of Contact Person at Financial Institution: _____

6. Gross amount received from sales of “burial spaces”¹ since last report. \$ _____
7. Total purchase price of “burial spaces”¹ on contracts which received final payment during the year. \$ _____
8. 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: _____ \$ _____
9. Total amount of the principal of the Perpetual Care Fund as of the end of the current reporting fiscal year:
Total item 8, 8(a) , 8(b), and 8(c). \$ _____
10. Cash on hand. \$ _____
11. Income derived from the Perpetual Care Fund during the preceding calendar year: \$ _____
12. Operating expenses incurred during the year which are eligible to be paid from Perpetual Care Fund Income. \$ _____
13. Gross expenditure from Perpetual Care Fund Income during last calendar year. \$ _____

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.

CERTIFICATION BY CEMETERY

I, the undersigned, do hereby certify as follows:

The information provided in this Report is true and correct to the best of my knowledge and belief;

Enclosed is a true and correct copy of the Certificate of Deposit described in this Report (the "Certificate"); and

The Certificate is pledged in favor of the Oklahoma Insurance Department and funds represented by the Certificate are subject to withdrawal by the cemetery only after notice to, and approval from, the Oklahoma Insurance Department.

Include with this Report a copy of the Certificate of Deposit described on page one of this Report.

Signature

Print Name

Title

Name of Organization/Cemetery

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

Commission Expires: _____

Notary: _____

Commission Number: _____

[seal]

CERTIFICATION BY DEPOSITORY INSTITUTION

I, the undersigned, do hereby certify that the certificate of deposit described in this Report is pledged in favor of the Oklahoma Insurance Department and funds represented by the Certificate are subject to withdrawal by the cemetery only after notice to, and approval from, the Oklahoma Insurance Department.

Signature

Print Name

Title

Name of Financial Institution

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

Commission Expires: _____
Commission Number: _____

Notary: _____

[seal]