

IDENTIFICATION FORM FOR ALLOCATION OF FEES

Due on or before March 15

Oklahoma Insurance Department
3625 NW 56th, Suite 100
Oklahoma City, OK 73112
(405) 521-3966

(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 \$ _____