



Louisiana Cemetery Board
 3445 N. Causeway Blvd., Suite 700
 Metairie, LA 70002
 Telephone (504)838-5267 -- Fax (504)838-5289
 Website: www.lcb.state.la.us

Report of Perpetual Care, Endowed Care Trust Fund Form

(Pursuant to R.S. 8:466)

For calendar year _____ or fiscal year beginning _____ and ending _____
 Name of Cemetery Authority: _____
 Address of Cemetery Authority: _____
 Name of Cemetery: _____
 Name & Address of Trustee: _____

1. GROSS RECEIPTS from contracts of sales during reporting period on all interment spaces: \$ _____ (1)
2. DEPOSIT due to fund from gross receipts of contracts of sales during reporting period: \$ _____ (2)
(Line 2 should be a minimum of 10% of Line 1)
3. GROSS RECEIPTS from Perpetual Care Contracts, if sold separately from interment spaces: \$ _____ (3)
 - a) DEPOSIT on receipts due from such contracts to fund: \$ _____ (3a)
(Line 3a should equal Line 3)
4. TOTAL DEPOSITS due to fund on gross receipts & Perpetual Care contracts *(Line 4 equals Lines 2 & 3a)* \$ _____ (4)

QUARTERLY DEPOSITS TO PERPETUAL CARE TRUST FUND

NOTE: List all deposits made (regardless of date) covering gross receipts for this reporting period.

Date of deposit: _____	1st Quarter	\$ _____
Date of deposit: _____	2nd Quarter	\$ _____
Date of deposit: _____	3rd Quarter	\$ _____
Date of deposit: _____	4th Quarter	\$ _____

5. TOTAL deposits to fund for reporting period: \$ _____ (5)
(Lines 4 & 5 should agree, otherwise please provide explanation)

6. Interest Income received from Trust during reporting period: \$ _____ (6)

PRE-NEED CEMETERY RELATED MERCHANDISE & SERVICES

7. a) Do you sell cemetery related merchandise, such as, burial vaults, grave liners, urns, memorials, vases, foundations, memorial bases and similar merchandise *pre-need*? YES: NO:
- b) If your answer to 7a is "YES" are you delivering all merchandise within one hundred twenty (120) days after receipt of final payment on contract? YES: NO:
- c) If your answer to 7b is "YES" are you storing pre-need merchandise at the cemetery or with a supplier? Cemetery Supplier If you are storing pre-need merchandise with a Supplier(s), please provide name and address of Supplier(s): _____
- d) If your answer to 7b is "NO" do you have a Merchandise Trust Fund? YES: NO:

(OVER)

- 8) a) Do you sell cemetery related services commonly sold and used in cemeteries, such as, openings and closings, and memorial installation fees *pre-need*? YES: NO:
 b) If your answer 8a is "YES" do you have a Merchandise Trust Fund? YES: NO:

CHECK BELOW THE MERCHANDISE AND SERVICES SOLD AT-NEED AND PRE-NEED BY THE CEMETERY AUTHORITY:

	<u>AT-NEED</u>	<u>PRE-NEED</u>		<u>AT-NEED</u>	<u>PRE-NEED</u>
Vaults/Grave Liners			Vaults/Grave Liner Installation Fees		
Memorials			Memorial Installation Fees		
Memorial Bases			Memorial Base Installation Fees		
Foot stones			Foot stone Installation Fees		
Inscriptions			Vases		
Urns			Date of Death Scrolls		
Vesper Lights			Foundations		
Openings/Closings			*Miscellaneous <i>(give brief description--attach additional sheets if necessary)</i>		

**LIST ALL MERCHANDISE AND SERVICES WHICH ARE NOT INCLUDED ON THE ABOVE LIST. THIS INFORMATION WILL BE USED DURING OUR ON-SITE EXAMINATION TO DETERMINE DELIVERY OF CEMETERY RELATED MERCHANDISE AND SERVICES IN COMPLIANCE WITH R.S. 8:501-502.2.*

CERTIFICATION BY CEMETERY

We hereby certify all information contained in this Report of Perpetual Care, Endowed Care Trust Fund Form is true, correct, and complete.

SWORN TO AND SUBSCRIBED before me this

_____ day of _____ 20_____.

Name of Cemetery Authority

Signature of President/Vice-President

NOTARY PUBLIC

Signature of Officer other than President or Vice-President

NOTE: ALL PORTIONS OF THIS FORM MUST BE COMPLETED.

**PLEASE RETURN THIS FORM TO:
 Louisiana Cemetery Board
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 Metairie, LA 70002**