State of Louisiana

Louisiana State Board of Embalmers and Funeral Directors

Annual Report of Prepaid Funeral Services or Merchandise

For the period _____ to _____

Name of Funeral Establishment: _____

Address: _____

Funeral Establishment License Number: _____

Federal Employer's Identification Number: _____

Schedule A

Reconciliation of Prepaid Funeral Services or Merchandise

Customer's deposits at start of period (total of column A-schedule B): $ _____

ADD: Deposits (total of column B - schedule B): $ _____

ADD: Interest (total of column C - schedule B): $ _____

LESS: Withdrawals (total of column D - schedule B): $ _____

Customer's deposits at end of period (total of column E - schedule B): $ _____

_____ **Pre Need**

_____ **No Pre Need**

_____ **Pre Need funded by insurance only**

*****One of the Above MUST BE SELECTED**