

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:

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