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