

**PERPETUAL CARE AND MAINTENANCE FUND REPORT**

Calendar year covered by this report:\_\_\_\_\_

Cemetery License Number:\_\_\_\_\_

Name of Cemetery:\_\_\_\_\_

Cemetery Address:\_\_\_\_\_

City/State/ZIP:\_\_\_\_\_

Corporate or Business Name:\_\_\_\_\_

**Due date:**

This report is required to be filed with the Montana Board of Funeral Service within 90 days following the close of the calendar year covered by the report.

**Verification of owner or officer:**

I, (name)\_\_\_\_\_

Being the (title)\_\_\_\_\_

Of the (name of cemetery)\_\_\_\_\_

Hereby affirm that I have personal knowledge of the contents of the financial and statistical statements included in this report, that the information contained herein is correct and in agreement with the financial and other records of the cemetery, and that perpetual care and maintenance funds have been collected, deposited and expended in accordance with applicable legal requirements.

Date:\_\_\_\_\_ Signature:\_\_\_\_\_

Telephone number:\_\_\_\_\_

**Schedule of Pre-Need and At-Need Spaces Sold:**

	<u>Cost</u>	<u>Pre-Need</u>	<u>At-Need</u>	<u>Total</u>
Grave Spaces	# _____	# _____	# _____	# _____
Crypts and Niches	# _____	# _____	# _____	# _____
Lawn Crypts	# _____	# _____	# _____	# _____
Total Spaces Sold		# _____	# _____	# _____

**Schedule of Perpetual Care and Maintenance Fund Collections and Deposits:**

	<u>Total Property Sales Collections</u>	<u>Total Perpetual Care Collections</u>	<u>Deposits to PCMF Trust Account</u>	<u>Special Care Funds or Donations</u>
Grave Spaces	\$ _____	\$ _____	\$ _____	\$ _____
Crypts and Niches	\$ _____	\$ _____	\$ _____	\$ _____
Lawn Crypts	\$ _____	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____	\$ _____

**Perpetual Care and Maintenance Fund Statement of Financial Condition:**

Date: December 31, \_\_\_\_\_

**Assets:**

Cash on hand not yet deposited: \$ \_\_\_\_\_

Cash in banks:

    Checking accounts: \$ \_\_\_\_\_

    Savings accounts: \$ \_\_\_\_\_

    Time deposits: \$ \_\_\_\_\_

Investments: \$ \_\_\_\_\_

Other assets: \$ \_\_\_\_\_

**Total Assets:** \$ \_\_\_\_\_

**Income:**

Income from interest: \$ \_\_\_\_\_

Income from investments: \$ \_\_\_\_\_

**Total Income:** \$ \_\_\_\_\_

**Expenses:**

Maintenance expenses: \$ \_\_\_\_\_

Capital expenditures: \$ \_\_\_\_\_

Administrative expenses related  
to the Fund: \$ \_\_\_\_\_

**Total expenses:** \$ \_\_\_\_\_