

**MONTANA BOARD OF FUNERAL SERVICE
ATTN TRUST REPORTING
PO BOX 200511
301 S PARK, 4TH FLOOR
HELENA, MT 59620-0511**

Phone: 406-444-5901 Email: dlibsdfrn@mt.gov Website: www.funeral.mt.gov

**2025 ANNUAL TRUST REPORT
MORTUARY, BRANCH ESTABLISHMENT, AND CREMATORIAL PRENEED TRUST ACCOUNTS**

IMPORTANT INFORMATION

- **Reporting Cycle** – January 1, 2025 through December 31, 2025
- **Reporting Deadline** – March 1, 2026

A mortuary or crematory that does not file within the time prescribed may be subject to disciplinary action per [ARM 24.147.1608](#).

- **Reporting Deadline Extension Request** – March 1, 2026

Requests will be evaluated by the Board on a case-by-case basis. You will be notified of the Board's decision and, if granted, the length of the extension. Refer to [ARM 24.147.1608](#).

- **Signature** – Reports must have a signed attestation from the mortuary or crematory as to the information contained within the report.
- **Board Review** – This report is not an audit.

The Board will review all information provided and decide if further information or action is needed.

- **Submitting Your Report** –

- Email: dlibsdfrn@mt.gov
- Postal Mail: Board of Funeral Service, ATTN Trust Reporting, PO Box 200511, Helena, MT 59620
- In-Person: Board of Funeral Service, 301 S Park Avenue, 4th Floor, Helena, MT

- **Questions** – Contact Kris Brewer at 406-444-5901 or dlibsdfrn@mt.gov.

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SECTION 1 – Mortuary or Crematory Information

1. Mortuary or Crematory Name: _____

2. License Number*: _____

* If this report is for multiple licenses, please list ALL license numbers and provide the information requested on page 5 (SECTION 1 ADDENDUM).

3. Mortuary or Crematory DBA (if applicable): _____

DBA Registered? Yes No

Status? Active Inactive

4. Mortuary or Crematory Physical Address: _____

5. Business Mailing Address: _____

6. Business E-mail Address: _____

7. Business Phone: _____ Cell Phone: _____

SECTION 2 – Owner and Manager Information

8. List all owners of the mortuary or crematory. If the business is owned by a corporation, list all the officers. Attach more pages if needed.

Legal Name	Phone Number	MT License Number(s) (if applicable)

9. Mortician- or Crematory Operator-in-Charge Name: _____

10. Mortician- or Crematory Operator-in-Charge Email Address: _____

Current Reporting Cycle: January 1, 2025, through December 31, 2025

SECTION 3 – Money Held in Trust(s)

11. Have all license numbers listed under Question # 2 held preneed trust money in a banking institution, savings or building and loan association, and/or credit union at any point during this reporting cycle?

Yes Fill out all remaining sections of this form.

Some Of the license numbers listed under Question # 2, the following licenses have held no preneed trust money at any point during this reporting cycle:

_____ For all other licenses not listed, fill out all remaining sections of this form.

No..... Skip to SECTION 6 (page 4).

SECTION 4 – Preneed Contracts

12. Total number of preneed contracts sold by all license numbers listed under Question # 2 during this reporting cycle _____

13. Total preneed monetary amounts collected by all license numbers listed under Question # 2 during this cycle _____

14. Did you deposit any trust money from the prior reporting cycle during this cycle?

Yes. During this cycle I deposited \$_____ from the prior cycle.

No. All money from the prior cycle was deposited during the prior cycle.

15. Did you collect any trust money during this cycle that was not deposited prior to the end of this cycle?

Yes. From the trust money identified above, I did not deposit \$_____ prior to the end of this cycle.

No. All trust money identified above was deposited prior to the end of this cycle.

SECTION 5 – Financial Institution Information

16. List the preneed funeral trust information and total amounts for each banking institution, savings or building and loan association, and/or credit union separately. Attach more pages if needed.

Name of Banking Institution, Savings or Building & Loan Association/Credit Union	Address of Banking Institution, Savings or Building & Loan Association/Credit Union	Total ending balance for prior cycle (as of 12/31/2024)	Interest & dividends earned during this cycle (as of 12/31/2025)	Total ending balance for this cycle (as of 12/31/2025)

SECTION 6 – Attestation

As the owner or person-in-charge of this mortuary and/or crematory, I attest to the information contained within this annual preneed trust report:

Signature

Date

Complete this page ONLY if you are submitting this report on behalf of MULTIPLE licenses.

SECTION 1 ADDENDUM – Mortuary or Crematory Information

For each license number listed on Question #2, provide the following information. Attach more pages if needed.

License Number:	Name:	DBA:	Physical Address:	Phone Number: