

**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: dlibsdfnr@mt.gov Website: www.funeral.mt.gov

**2025 ANNUAL TRUST REPORT
MORTUARY, BRANCH ESTABLISHMENT, AND CREMATORY 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: dlibsdfnr@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 dlibsdfnr@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: