



**PRE-NEED FUNERAL CONTRACT SALES ANNUAL REPORT**  
 NORTH DAKOTA SECURITIES DEPARTMENT  
 SFN 51531 (Rev. 09-2002)

**FORM P-2**  
 Securities Department  
 600 E Boulevard Ave  
 Bismarck ND 58505  
 (701) 328-2910  
 www.ndsecurities.com

Calendar Year:	Filing Fee \$15.00
A: Name of funeral establishment or cemetery association.	
B: Address of funeral establishment or cemetery association.	
C: Telephone number of funeral establishment or cemetery association.	
D: Name of manager or operator.	
E: The total number of pre-need funeral service contracts entered into during the calendar year covered by this report: _____	
F: The total in dollars of all funds received in payment for pre-need funeral service contracts for the calendar year covered by this report, do not include interest earned: \$ _____	
G: The total dollars released by a financial institution during the calendar year covered by this report prior to the death of the person for whose benefit the funds were paid: \$ _____	
H: The total in dollars released by a financial institution during the calendar year covered by this report to the entity named in "A" above: \$ _____	
I: The total in dollars of all funds received since July 1, 1973, which are undrawn, unexpended and on deposit in a financial institution: \$ _____	
J: On the enclosed sheet provide legibly the following information for each pre-need funeral service contract entered into the calendar year covered by this report: (1) The name of the purchaser; (2) The name of the beneficiary (3) Amount paid by the purchaser; (4) Amount deposited by the entity name in "A" above; (5) Date of the contract; and (6) Name and complete mailing address of the financial institution in which the consideration was deposited.	
*Footnote - The term "financial institution" means a bank, credit union, savings and loan association or trust company.	
_____	_____
(Date)	(Signature)

Calendar Year:
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### PRE-NEED FUNERAL SERVICE CONTRACT REPORT - SCHEDULE

Name of Funeral Establishment or Cemetary Association:

NAME OF PURCHASER	NAME OF BENEFICIARY	AMOUNT PAID	AMOUNT DEPOSITED	DATE OF CONTRACT	FINANCIAL INSTITUTION (Name and Full Address)