PRE-NEED FUNERAL CONTRACT SALES ANNUAL REPORT

NORTH DAKOTA SECURITIES DEPARTMENT
SFN 51531 (6-2021)

FORM P-2
Securities Department
600 E Boulevard Ave
Bismarck ND 58505
(701) 328-2910
www.securities.nd.gov

Calendar Year	Filing Fee $15.00

A: Name of funeral establishment or cemetery association

B: Street address, City, State and ZIP Code

C: Mailing address, City, State and ZIP Code — Telephone Number

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, need not include interest earned.
$

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

PRE-NEED FUNERAL SERVICE CONTRACT REPORT - SCHEDULE

Name of Funeral Establishment or Cemetery Association

NAME OF PURCHASER	NAME OF BENEFICIARY	AMOUNT PAID	AMOUNT DEPOSITED	DATE OF CONTRACT	Name and Complete Mailing Address for each Financial Institution

Calendar Year

PRE-NEED FUNERAL SERVICE CONTRACT REPORT - SCHEDULE

Name of Funeral Establishment or Cemetery Association

NAME OF PURCHASER	NAME OF BENEFICIARY	AMOUNT PAID	AMOUNT DEPOSITED	DATE OF CONTRACT	Name and Complete Mailing Address for each Financial Institution