



**GEORGIA SECRETARY OF STATE
Cemetery and Funeral Services**

REPORT AND ITEMIZED LIST OF ALL UNSERVICED PRENEED FUNERAL CONTRACTS

This report is mandated by O.C.G.A. 10-14-12(g).

REPORT AS OF 12/31/20_____

NAME OF PRENEED DEALER _____

REGISTRATION NUMBER _____

ADDRESS	CITY	STATE	COUNTY	ZIP CODE
MAILING ADDRESS:				
ADDRESS FOR LOCATION OF RECORDS <i>(P.O. BOX NOT ACCEPTABLE)</i>				

NAME OF CONTACT PERSON REGARDING THIS REPORT: _____

TELEPHONE: _____ EMAIL: _____

TOTAL NUMBER OF UNSERVICED CONTRACTS AS OF 12/31/20_____: _____

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TOTALS FOR UNSERVICED PRENEED FUNERAL CONTRACTS REPORT:

TOTAL AMOUNT PAID TO DATE ON ALL: \$ _____

TOTAL AMOUNT PAID FOR ALL UNSERVICED: \$ _____

AFFIDAVIT

I hereby certify, under penalties of perjury, that the information contained in this Annual Report and supporting documents attached hereto are true and correct to the best of my knowledge and belief. I further certify that all required deposits have been made to the preneed escrow account. I am authorized to sign this document on behalf of the individual or corporate

Signature

Title

Print Name

Date