

FORM 1

REPORT ON PRE-ARRANGED FUNERAL PLANS

(Pre-arranged Funeral Services Act,

R.S.N.B. 2012, c.109, s.18(1))

Period of January 1 to December 31, 20__

Name of Licensed Funeral Provider (responsible for money held in trust under the pre-arranged funeral plans referred to in Part 1 below): _____

Address: _____

<u>PART 1</u> (Licensed Funeral Provider's Records)	Number of plans
New plans issued	
Plans assigned by other licensed funeral providers (Attach list)	
TOTAL	
<u>PART 2</u> (Licensed Funeral Provider's Records)	
Less: Plans for which services were fully performed	
Plans assigned to other licensed funeral providers (Attach list)	
Plans terminated, cancelled or discontinued (Attach list)	
TOTAL	

PART 3 (Licensed Funeral Provider's Records)	Number of plans
Plans for which services were partially performed	

Report prepared by: _____ Date: _____

I, the undersigned, (full name) , certify that the above information is accurate to the best of my knowledge.

Signature of Licensed Funeral Provider or authorized officer _____

Date: _____