



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS



Mailing Address
P.O. Box 5757
Columbia, SC 29250-5757

S.C. Code Ann. § 32-7-10 et seq. and S.C. Code Ann. § 40-19-290(E)
(803) 734-4291 | www.consumer.sc.gov | (803) 734-4200

Street Address
2221 Devine St., Ste. 200
Columbia, SC 29205-2418

PRENEED FUNERAL CONTRACTS MONTHLY REPORTING FORM

Funeral Home _____ Funeral Director _____ Funeral Home Physical Address _____	Preneed License Number _____ Contact Person _____ Telephone Number () - _____
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All fields are required to be completed for each contract listed. This completed form must be submitted to the South Carolina Department of Consumer Affairs, PO Box 5757, Columbia, SC 29250- 5757.

A. CONTRACTS SOLD

In addition to this form, a copy of each new contract, a copy of the funeral goods and services agreement, and a \$20.00 fee for each contract written, payable to the South Carolina Department of Consumer Affairs, should be attached. The check must be issued by the Funeral Home (no personal checks accepted).

Date of Contract	Name & Address of Purchaser	Name & Address of Where Funds are Deposited	Trust Account or Insurance Policy	Total Amount of Contract	Account or Insurance Policy Number	Guaranteed or Non-Guaranteed; Revocable or Irrevocable
			Trust Insurance			Guaranteed Non-Guaranteed Revocable Irrevocable
			Trust Insurance			Guaranteed Non-Guaranteed Revocable Irrevocable
			Trust Insurance			Guaranteed Non-Guaranteed Revocable Irrevocable
			Trust Insurance			Guaranteed Non-Guaranteed Revocable Irrevocable
			Trust Insurance			Guaranteed Non-Guaranteed Revocable Irrevocable
			Trust Insurance			Guaranteed Non-Guaranteed Revocable Irrevocable
			Trust Insurance			Guaranteed Non-Guaranteed Revocable Irrevocable

B. CONTRACTS TRANSFERRED FROM ANOTHER FUNERAL HOME (No fee required)

Must attach a copy of the contract and the funeral goods and services agreement for each listing.

Date of Contract	Name & Address of Purchaser	Name & Address of Where Funds are Deposited	Trust Account or Insurance Policy	Total Amount of Contract	Account or Insurance Policy Number	Guaranteed or Non-Guaranteed; Revocable or Irrevocable
			Trust Insurance			Guaranteed Non-Guaranteed Revocable Irrevocable
			Trust Insurance			Guaranteed Non-Guaranteed Revocable Irrevocable
			Trust Insurance			Guaranteed Non-Guaranteed Revocable Irrevocable
			Trust Insurance			Guaranteed Non-Guaranteed Revocable Irrevocable
			Trust Insurance			Guaranteed Non-Guaranteed Revocable Irrevocable

C. CONTRACTS PERFORMED, CANCELLED OR TRANSFERRED TO ANOTHER FUNERAL HOME

Date of Original Contract	Account Number	Name of Purchaser	Name of Beneficiary	Death, Cancellation, or Transfer (select one)	Date of Death, Cancellation or Transfer
				Death Cancellation Transfer to: _____	
				Death Cancellation Transfer to: _____	
				Death Cancellation Transfer to: _____	
				Death Cancellation Transfer to: _____	
				Death Cancellation Transfer to: _____	
				Death Cancellation Transfer to: _____	