



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS



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

**PRENEED FUNERAL CONTRACTS
MONTHLY REPORTING FORM**
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
293 Greystone Blvd., Ste. 400
Columbia, SC 29210-8004

Funeral Home _____

Funeral Director _____

Funeral Home's
Physical Address _____

Preneed License
Number _____

Contact Person _____

Telephone Number _____

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 Beneficiary	Name & Address of Purchaser <i>(if different from Beneficiary)</i>	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

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 Beneficiary	Name & Address of Purchaser <i>(if different from Beneficiary)</i>	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

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 <i>(select one)</i>	Date of Death, Cancellation or Transfer
				Death Cancellation Transferred to:	
				Death Cancellation Transferred to:	
				Death Cancellation Transferred to:	