



Cemetery Care & Burial Trust Division
100 W. Randolph., Suite 15-500
Chicago, Illinois 60601
312/814-5924 FAX: 312/814-3117

FOR INTERNAL OFFICE USE ONLY	3rd Party Payee Information:
Internal Code: ___ / ___ / ___	Name: _____
Date Form Postmarked: ___ / ___ / ___	Address: _____
Check Number: _____	
Amount Received: \$ _____	Phone: _____

Illinois Funeral or Burial Funds Act Funeral Consumer Protection Funds Fee Payment Record

License Number _____

Name of Licensee _____

Address of Licensee _____

If Corporate Ownership - please provide Corporate Information:

Corporate Parent or Partner: _____

Corporate Address: _____

Please Check Appropriate Reporting Period: January 1 through June 30

July 1 through December 31

Pre-Need Contract Numbers _____ to _____

Total Number of Contracts _____

Consumer Protection Fund Deposit \$ _____

I/We, the undersigned, hereby certify that the above information on Pre-Need Contracts is true and correct.

Vendor/Licensee/Seller

Date

Note: Drafts should be payable to the Funeral Consumer Protection Fund. The fees shall be remitted to the Office of the Comptroller semi-annually within 30 days after the end of June and December for all contracts that have been entered in such 6-month period.

[Important: The attached page must be completed or a comparable spreadsheet attached.]

CONTRACT #	COMPLETE NAME ON CONTRACT	CONTRACT DATE