



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
AFFIDAVIT
(TO BE COMPLETED BY PRENEED PROVIDER AND/OR PRENEED SELLER APPLICANT)

STATE BOARD OF EMBALMERS AND FUNERAL DIRECTORS
 3605 MISSOURI BOULEVARD
 P.O. BOX 423
 JEFFERSON CITY, MO 65102
 TELEPHONE (573) 751-0813
 FAX (573) 751-1155
 TTY (800) 735-2966
 WEBSITE: <http://pr.mo.gov/embalmers.asp>

SECTION A - (THIS SECTION SHOULD REFLECT THE NAME AND ADDRESS OF THE ESTABLISHMENT AGREEING TO HONOR THE PRENEED CONTRACTS.)

APPLICANT/BUSINESS ENTITY (TO HONOR PRENEED CONTRACTS)

DOING BUSINESS AS

APPLICANT/BUSINESS ENTITY ADDRESS (STREET, CITY, STATE, AND ZIP)

SECTION B - (THIS SECTION SHOULD REFLECT THE NAME AND ADDRESS THE WAY THE ESTABLISHMENT IS CURRENTLY LICENSED WITH THE BOARD.)

NAME OF PRESENT BUSINESS ENTITY

ADDRESS OF PRESENT BUSINESS ENTITY (STREET, CITY, STATE, AND ZIP)

SECTION C

NUMBER OF PRENEED TRUST CONTRACTS	FACE VALUE OF PRENEED TRUST CONTRACTS	AMOUNT IN TRUST ACCOUNT

NAME OF TRUST COMPANY(S)

ADDRESS OF TRUST COMPANY(S) (STREET, CITY, STATE, AND ZIP)

NUMBER OF INSURANCE CONTRACTS	FACE VALUE OF INSURANCE CONTRACTS

NAME OF INSURANCE COMPANY(S)

ADDRESS OF INSURANCE COMPANY(S) (STREET, CITY, STATE, AND ZIP)

NUMBER OF JOINT CONTRACTS	FACE VALUE OF JOINT CONTRACTS

NAME OF BANK(S) FOR JOINT CONTRACTS

ADDRESS OF BANK(S) (STREET, CITY, STATE, AND ZIP)

SECTION D - (THIS SECTION SHOULD BE COMPLETED BY THE ESTABLISHMENT AGREEING TO HONOR THE PRENEED CONTRACTS.)

The above-named Application/Business Entity does hereby agree to honor and fulfill all outstanding preneed contracts in which the Present Licensee listed above is obligated to honor and fulfill.

APPLICANT SIGNATURE	TITLE

PLEASE PRINT NAME

NOTARY SECTION	SIGNATURE AND TITLE	NOTARY PUBLIC SEAL/STAMP
	PLEASE PRINT NAME	
STATE OF MISSOURI	COUNTY	
Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20 ____.		
NOTARY PUBLIC SIGNATURE	COMMISSION EXPIRES	
NOTARY PUBLIC PRINTED NAME		