

KANSAS SECRETARY OF STATE
Statutory Compliance Report
Funeral Homes

FH

Contact Information
 Kansas Secretary of State
 Audit Administrator
 Memorial Hall, 1st Floor
 120 S.W. 10th Avenue
 Topeka, KS 66612-1594
 (785) 296-1848
 audit@kssos.org
 www.kssos.org

Reporting Period ____/____/____ to ____/____/____

Funeral Home I.D. Number: _____

Directions: This report must be completed in full (typewritten or printed in ink), signed and filed within 60 days of request. If additional space is needed in answering any questions, please attach the information to this form as an Exhibit. Mail completed report to the Office of the Secretary of State.

1. Please provide the following contact information regarding the Funeral Home:

Name of Legal Owner	E-mail Address	Phone Number
Address	City	State Zip
Name of Establishment	E-mail Address	Phone Number
Address	City	State Zip
Name of Record Keeper	E-mail Address	Phone Number
Address	City	State Zip

Check one: The legal owner is a:
 Corporation
 Partnership
 LLC
 Other (explain) _____

2. Please answer the following Prearranged Agreement questions:

- a. Does the funeral home sell prearranged agreements, contracts or plans? ____ Yes ____ No
If no, skip to question 5.
- b. Are ALL prearranged agreements, contracts or plans funded through insurance policies? ____ Yes ____ No
If yes, skip to question 5.

3. Attach a copy of the funeral home's last Board of Mortuary Arts report that details all agreements.

4. Please fill out Authorization to Release Bank Statements Form (one custodian per page):

Custodian of Trust Funds

Address City State Zip

The Secretary of State, or his representative, is proposing to conduct either an office or a field audit of our funeral home, pursuant to K.S.A. 16-310.

We hereby authorize the above-named bank/trust company to make available to the Secretary of State's office all information and records relating to the following accounts:

Account Number	Account Name
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Name of Funeral Home

Address City State Zip

Printed Name of Owner or Officer Title

Signature Date

5. Please complete the Oath and Compliance Report:

I, _____, _____, state that
Name of Funeral Home Owner or Officer Title

Name of Funeral Home

is authorized to do business in the state of Kansas and is in compliance with Board of Mortuary Arts. Each customer has a separate account in the name of the purchaser and seller, which is deposited within seven days of receipt into an approved Kansas financial institution or credit union. No account balance has been paid out of any account until the corresponding merchandise has been delivered and the trustee has been presented with a verified statement stating such.

I do hereby certify under penalty of perjury and pursuant to the laws of the state of Kansas that the information contained in this report and supplied in any attachments thereto is true and correct and is a complete representation of all the prefinanced, prearranged funerals for our firm. I am also willing to submit the books, records, papers and instruments of such funeral home to the examination and inspection of the Secretary of State, pursuant to K.S.A. 16-310.

Signature

Printed Name of Owner or Officer

Title

Date