

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

Directions: Before selling prepaid merchandise contracts, this form must be completed in full (typewritten or printed in ink) and signed. If additional space is needed in answering any questions, please attach the information to this form as an Exhibit.

1. Please provide the following contact information regarding the Cemetery:

a.	_____	_____	_____
	Name of Legal Owner	E-mail Address	Phone Number
	_____	_____	_____
	Address	City	State Zip
b.	_____	_____	_____
	Common Name of Cemetery	County	
	_____	_____	_____
	Physical Address	City	State Zip
c.	_____	_____	_____
	Branch Establishment 1	County	
	_____	_____	_____
	Physical Address	City	State Zip
d.	_____	_____	_____
	Branch Establishment 2	County	
	_____	_____	_____
	Physical Address	City	State Zip
e.	_____	_____	_____
	Financial Institution/Trustee 1	County	
	_____	_____	_____
	Physical Address	City	State Zip
f.	_____	_____	_____
	Financial Institution/Trustee 2	County	
	_____	_____	_____
	Physical Address	City	State Zip

I do hereby certify under penalty of perjury and pursuant to the laws of the state of Kansas that the information contained in this form and supplied in any attachments thereto is true and correct.

 Signature of Owner or Officer

 Date

 Printed Name of Signer

 Title