

**Form
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**KANSAS SECRETARY OF STATE
Statutory Compliance Report
Funeral Homes**

Kansas Secretary of State, Audit Manager:

Memorial Hall, 1st Floor
120 S.W. 10th Avenue
Topeka, KS 66612-1594

(785) 296-4564
audit@sos.ks.gov
www.sos.ks.gov

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 need 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.

Funeral Home ID Number

Reporting Period

1. Please provide the following contact information regarding the funeral home:

Name of Legal Owner		E-mail Address		Phone
Address	City	State	Zip	

Name of Establishment		E-mail Address		Phone
Address	City	State	Zip	

Name of Record Keeper		E-mail Address		Phone
Mailing Address	City	State	Zip	

Check one: The legal owner is a:

- corporation
 partnership
 LLC
 other (provide explanation in box on right):

2. Please answer the following Prearranged Agreement questions:

a. Does the funeral home sell prearranged agreements, contracts, or plans?

- Yes No (Skip to Question 5)

b. Are all prearranged agreements, contracts, or plans funded through insurance policies?

- Yes (Skip to Question 5) No

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 Statement 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
Account Number	Account Name
Account Number	Account Name
Account Number	Account Name
Account Number	Account Name
Account Number	Account Name
Account Number	Account Name
Account Number	Account Name
Account Number	Account Name

Name of Funeral Home			
Address	City	State	Zip

Printed Name of Owner or Officer	Title		
Signature	Month	Day	Year
X			

5. Please complete the Oath and Compliance Report:

I, , , state that

is authorized to do business in the state of Kansas and is in compliance with the 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 the verified statement.

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.

Printed Name of Owner or Officer	Title
Signature	Month Day Year
X	