



**FUNERAL AND CEMETERY CONSUMER PROTECTION TRUST FUND  
CLAIM FOR RESTITUTION**

Name of claimant: \_\_\_\_\_

Name of beneficiary (if different): \_\_\_\_\_

Claimant's mailing address: \_\_\_\_\_

City, state, ZIP: \_\_\_\_\_

Home phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Business phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of financial institution where trust money is deposited, if known: \_\_\_\_\_

Date of prearrangement contract (must be on or after Sept. 27, 1987): \_\_\_\_\_

Gross sales price for service and/or merchandise: \$ \_\_\_\_\_

Seller's name: \_\_\_\_\_

Name of business: \_\_\_\_\_

Business address: \_\_\_\_\_

- |  |          |
|--|----------|
| 1. Total amounts paid to date:.....                | \$ _____ |
| 2. Earnings on amounts trusted.....                | \$ _____ |
| 3. Total (Line 1 + Line 2): .....                  | \$ _____ |
| 4. Minus total amounts recovered to date: .....    | \$ _____ |
| 5. Unrecovered amounts claimed on this form: ..... | \$ _____ |

Notarized signature of claimant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of notary: \_\_\_\_\_ Notary seal

My commission expires: \_\_\_\_\_

Attaching the following documentation will help support your claim:

- Copy of prearrangement contract
- Copies of canceled checks and receipts of payments made to seller
- Other information you believe would be helpful, including correspondence to or from the seller, correspondence to or from the financial institution, and any other information to help document the claim