



**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