

**FORM 1**

**REPORT ON PRE-ARRANGED FUNERAL PLANS**

*(Pre-arranged Funeral Services Act,*

**R.S.N.B. 1973, c.P-14, s.7(1))**

Period of January 1 to December 31, 20\_\_

Name of Licensed Funeral Provider (responsible for money held in trust under the pre-arranged funeral plans referred to in Part 1 below): \_\_\_\_\_

Address: \_\_\_\_\_

<u>PART 1</u> (Licensed Funeral Provider's Records)	Number of plans
New plans issued	
Plans assigned by other licensed funeral providers (Attach list)	
TOTAL	
<u>PART 2</u> (Licensed Funeral Provider's Records)	
Less: Plans for which services were fully performed	
Plans assigned to other licensed funeral providers (Attach list)	
Plans terminated, cancelled or discontinued (Attach list)	
TOTAL	

<u>PART 3</u> (Licensed Funeral Provider's Records)	Number of plans
Plans for which services were partially performed	

Report prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

I, the undersigned, \_\_\_\_\_ (*full name*), certify that the above information is accurate to the best of my knowledge.

Signature of Licensed Funeral Provider or authorized officer \_\_\_\_\_

Date: \_\_\_\_\_