



**STATE OF SOUTH CAROLINA  
DEPARTMENT OF CONSUMER AFFAIRS**

**PRENEED FUNERAL CONTRACTS - REPORTING FORM  
CONTRACTS WITH INSURANCE COMPANY**

**Mailing Address**  
P.O. Box 5757  
Columbia, SC 29250-5757

S.C. Code Ann. §§ 32-7-10 et seq. and S.C. Code Ann. § 40-19-290(E)  
[www.sccoconsumer.gov](http://www.sccoconsumer.gov)

**Street Address**  
2221 Devine St., Suite 200  
Columbia, SC 29205

803-734-4291/800-922-1594/803-734-4229 FAX

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

Funeral Home	_____	Preneed License Number	_____
Funeral Director	_____	Contact Person	_____
Funeral Home Address	_____	Telephone Number	_____
	_____		

This completed form is to be submitted to the South Carolina Department of Consumer Affairs, PO Box 5757, Columbia, SC 29250-5757. In addition to the form, a copy of each new contract, a copy of the funeral goods and services agreement, and a \$20.00 fee for each contract written, payable to the South Carolina Department of Consumer Affairs, should be attached. The check **must** be issued by the Funeral Home (no personal checks accepted).

**A. CONTRACTS SOLD**

Date of Contract	Name and Address of Purchaser and Beneficiary, if Different from Purchaser.	Name Address of Insurance Company Where Funds are Deposited	Total Amount of Contract	Insurance Policy Number	Guaranteed/Non-Guaranteed and Revocable/Irrevocable
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

**B. CONTRACTS PERFORMED, CANCELLED OR TRANSFERRED**

Date of Original Contract	Policy Number	Name of Purchaser	Name of Beneficiary	Death, Cancellation or Transfer	Date of Death, Cancellation or Transfer
				Select One	
				Select One	
				Select One	
				Select One	
				Select One	
				Select One	
				Select One	
				Select One	
				Select One	
				Select One	
				Select One	
				Select One	