



# STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS

## PRENEED FUNERAL CONTRACTS - REPORTING FORM CONTRACTS WITH TRUST 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 Bank or S&L Where Funds are Deposited	Total Amount of Contract	Account 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	Account 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	