



# STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS

## PRENEED FUNERAL CONTRACT - MONTHLY 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)  
803-734-4236/800-922-1594

**Street Address**  
3600 Forest Drive, 3<sup>rd</sup> Floor  
Columbia, SC 29204-4406

Funeral Home _____	Preneed License Number _____
Funeral Director _____	Contact Person _____
Funeral Home Address _____	Telephone Number ( ) - _____
_____	_____

This completed form is to be submitted MONTHLY 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.					

