DEPARTMENT OF FINANCIAL SERVICES
Division of Funeral, Cemetery, and Consumer Services
200 East Gaines Street
Tallahassee, FL 32399-0361

FINANCIAL STATEMENT

I, _____, located at _____

(Name of Principal) (Address of Principal)

_____, do hereby submit the following complete statement of my financial condition as of / / , to the Department of Financial Services for the Department's use in connection with an application for authority to organize the

_____

(Name of Business)

to be located at _____

(Address of Business)

in the State of Florida, for the purpose of conducting funeral and cemetery business under chapter 497, F.S.

Section 1. CURRENT ASSETS	
Cash on hand and in banks:	
Notes and accounts receivable:	
Life insurance: Face value:	
Cash surrender value:	
Real estate: *(list addresses on separate page and attach to this statement)*	
Other assets: *(list items on separate page and attach to this statement)*	
Fixed Assets:	
Total Current Assets:	

Section 2. CURRENT LIABILITIES	
Accounts Payable:	
Notes Payable to Bank and Others:	
Interest on Taxes:	
Loans Payable within 12 months:	
Total Current Liabilities:	

Section 3. LONG TERM LIABILITIES	
Loans Payable over 12 Months:	
Real Estate Mortgage Payable:	
Other Debts and Liabilities: *(list items on separate page and attach to this statement)*	
Total Long Term Liabilities:	

Section 4. TOTALS
Net Worth: *(Total Current Assets)*
Total Liabilities: *(Add Total Current Liabilities and Total Long Term Liabilities)*
Net Worth Minus Total Liabilities:

Section 5. APPLICANT'S CERTIFICATION & SIGNATURE

Applicant's Signature.

Under penalties of perjury, I, the applicant or applicant's authorized signatory, do hereby declare that I have read the foregoing application and all attachments, and the facts stated in it are true and correct.

I declare that, prior to commencing operations under this license, I have complied or I will comply with all requirements under chapter 497, F.S., relating to the license for which I have applied.

I hereby authorize any court, law enforcement agency, or licensing authority to release or make available to the Division of Funeral, Cemetery, and Consumer Services, Florida Department of Financial Services, and to the Florida Board of Funeral, Cemetery, and Consumer Services, any and all information in their files concerning the applicant.

_____ _____

Signature of Applicant Date Signed

_____

Name and Title

Mail completed statement with all attachments to:

Division of Funeral, Cemetery, and Consumer
Services Revenue Processing Office
P.O. Box 6100
Tallahassee, FL 32314-6100