



BURIAL SERVICES SECTION
DAVY CROCKETT TOWER
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CEMETERY COMPANY'S ANNUAL REPORT ON IMPROVEMENT CARE FUND

Note: This report must be completed and received no later than seventy-five (75) days after the close of each FISCAL YEAR of the cemetery company. Mail this report to Burial Services at the address above.

For the fiscal year beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_\_.

I. GENERAL INFORMATION

1. Name of Cemetery: \_\_\_\_\_

2. Location (City and County): \_\_\_\_\_

3. Cemetery's mailing address: \_\_\_\_\_

\_\_\_\_\_

4. Name of Cemetery Manager: \_\_\_\_\_ Telephone: \_\_\_\_\_

5a. Total numbers of interments this fiscal year: \_\_\_\_\_

5b. Total number of preneed contracts this fiscal year: \_\_\_\_\_

5c. Number of acres embraced and held by the cemetery for cemetery purposes: \_\_\_\_\_

6a. Name of parent corporation: \_\_\_\_\_

6b. Date of incorporation: \_\_\_\_\_

7. If not incorporated, how organized? \_\_\_\_\_

8. Other Tennessee cemeteries owned or controlled by this company: \_\_\_\_\_

\_\_\_\_\_

9. Name, address and official capacity of each officer and/or director of the corporation, proprietor, partner or trustee of the association:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Name and address of Trustee of Improvement Care Fund: \_\_\_\_\_

\_\_\_\_\_

11a. Date of trust agreement or renewal: \_\_\_\_\_

11b. Is a copy on file with the state?  Yes  No

