

Oregon Department of Consumer and Business Services
Division of Finance and Corporate Securities
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FUNERAL AND CEMETERY CONSUMER PROTECTION FUND CLAIM FOR RESTITUTION

Name of claimant: _____

Name of beneficiary (if different): _____

Claimant's mailing address: _____

City/State/ZIP: _____

Home phone: _____ Business phone: _____

Name of financial institution where trust money is deposited, if known: _____

Date of prearrangement contract (must be after Sept. 27, 1987): _____

Gross sales price for service and/or merchandise: \$ _____

Seller's name: _____

Name of business: _____

Business' address: _____

1. Total amounts paid to date:\$ _____
2. Earnings on amounts trusted:\$ _____
3. Total (Line 1 + Line 2):\$ _____
4. Minus total amounts recovered to date:\$ (_____)
5. Unrecovered amounts claimed on this form:\$ _____

Notarized signature of claimant: _____ Date: _____

Signature of notary: _____

Notary seal

My commission expires: _____

Attaching the following documentation will help support your claim:

- Copy of prearrangement contract
- Copies of canceled checks and receipts of payments made to seller
- Other information you believe would be helpful, including correspondence to or from the seller, correspondence to or from financial institution, and any other information to help document the claim.

