



**FUNERAL/CEMETERY MERCHANDISE DELIVERED INVENTORY LIST**

For year ending: \_\_\_ / \_\_\_ / \_\_\_

Certified provider number: \_\_\_\_\_

**DIRECTIONS:** This list must be completed in full (typed or printed in ink), signed, and filed with the Annual Prearrangement Report. If you need more space to answer questions, please attach the information to this list as an “exhibit.”

**Please provide the following information:**

**1. Funeral merchandise:** (including caskets, vaults, urns, and interment receptacles)

<b>Purchaser or beneficiary</b>	<b>Merchandise description</b>	<b>Merchandise location address</b>	<b>Merchandise serial number or warehouse receipt number</b>

**2. Cemetery merchandise:** (including foundations, grave markers, tombstones, ornamental merchandise, memorials, and monuments)

<b>Purchaser or beneficiary</b>	<b>Merchandise description</b>	<b>Merchandise location address</b>	<b>Merchandise serial number or warehouse receipt number</b>

**3. Number and dollar amount of withdrawals from or terminations of any trusts:**

Number: \_\_\_\_\_ Amount: \_\_\_\_\_

**4. Contact information:**

Name of certified provider: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Printed name of owner or officer: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**5. Statement:**

Each item of merchandise is in the seller's possession at the specified location. I hereby certify under penalty of perjury and pursuant to the laws of the State of Oregon that the information contained in this Merchandise Inventory List and attached "exhibits" is true and correct, and I am willing to submit the books, records, papers, and instruments of such certified provider to the examination and inspection of the Department of Consumer and Business Services pursuant to ORS 97.947 and OAR 441-930-0260.

\_\_\_\_\_  
**Signature of owner or officer**

\_\_\_\_\_  
**Printed name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**