



The Commonwealth of Massachusetts
Division of Professional Licensure
239 Causeway Street, Boston, MA 02114
Board of Embalming & Funeral Directing
www.state.ma.us/reg/boards/em
617-727-1718

Massachusetts State Board Pre-Need Report

The President or Chief Executive Officer of this Funeral Establishment must fill out this form.

Name of Funeral Home _____

Name and license number of President or CEO _____

Establishment Number _____

Address _____

City, State _____ Zip Code _____

Telephone (____) _____ Main Office _____

Filing Period _____ Branch Office _____

1. Number of Pre-Need Contracts entered into during the preceding calendar year _____

2. Type of Funding Method used for pre-need contracts entered into during preceding calendar year:

a. Number of Insured Bank Accounts _____

b. Number of Trust Department Investment Accounts _____

c. Number of Insurance Policies _____

d. Number of contracts with no payment received _____

3. Names and addresses of banking institutions, trust companies and insurance companies used in question 2.

4. Location where records of pre-need funeral contracts and arrangements are kept: _____ same as above

Name of Funeral Home _____

Address _____

City, State _____ Zip Code _____

Signature _____