



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 \_\_\_\_\_