

# Wisconsin Department of Safety and Professional Services

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## CEMETERY BOARD

### ANNUAL REPORT FOR CEMETERY PRENEED SELLER WHICH IS NOT A CEMETERY AUTHORITY (NO FEE REQUIRED)

**Filing Deadline: March 1 of every year**

This report must be filed by every Preneed Seller who has been licensed as a Preneed Seller by the Department of Safety and Professional Services pursuant to Wis. Stat. § 440.92. A Preneed Seller that is a registered Cemetery Authority should file only the Cemetery Authority Annual Report (**Form #1786**).

**For which year are you reporting?** (typically the previous calendar year)

**1. Name of Preneed Seller:** (exactly as it appears on license)

<b>2. License Number</b> <input style="width: 90%;" type="text"/>	<b>3. Preneed Seller is:</b> (check appropriate box) <input style="width: 80%;" type="text"/> <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other
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<b>4. Address</b> (street, city, state, zip code) <input style="width: 95%;" type="text"/>	<b>5. Daytime Telephone Number</b> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>
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**6a. Are you an individual employed by or acting as an agent for a registered Cemetery Authority or any other person?.**  Yes  No  
If Yes, list name of employer or principal.  If No, list last day of employment.   /   /

**6b. While employed by the above entity, have you handed over all preneed trust funds received by you to your employer or principal who/which will file a report concerning the disposition of the funds?**  Yes  No If Yes, go directly to #12 for your signature.

**7. If Preneed Seller is a corporation and is required to file a report with the Secretary of State under Wis. Stat. § 180.1622 or 181.651, submit a copy of the report and complete the information requested below for each shareholder who beneficially owns, holds, or has the power to vote 5% or more of any class of securities issued by the corporation.** (Attach additional sheets if necessary.)

Name	Residence Address	Business Address

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8. Complete the following for each preneed trust fund maintained by the Preneed Seller. (attached additional sheet(s) if you maintain more than one preneed trust fund)

**\*Note:** If you are a trustee of any trust fund under Wis. Stat. § 445.125, (relating to the purchase of a casket outer burial container not preplaced into the burial excavation of a grave or for the furnishing of funeral or burial services which are not immediately required), you must include the information requested below for each account.

a. Name of Wisconsin Financial Institution where Funds are Located

b. Address of Wisconsin Financial Institution (street, city, state, zip code)

c. Name of the Account at Financial Institution

d. Account Number

e. Total Amount Deposited  
(during calendar year for which you are reporting)

f. Income Accruing to Account  
(during calendar year for which you are reporting)

g. Total Amount Withdrawn by Fulfillment of Preneed Sales Contracts  
(during calendar year for which you are reporting)

h. Market Balance at Closing on 12/31 of year for which are you reporting:

i. List Person(s) Authorized to Sign Checks or Share Drafts Drawn on this Account:


9. Is the preneed seller a trustee of any trust fund under Wis. Stat § 445.125? (See \*information listed in section #8 above.)  Yes  No

10. List the name and address of each warehouse where cemetery merchandise sold by the Preneed Seller is stored until delivery is made:

Name	Address (street, city, state, zip code)

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## 11. Certification of Financial Institution:

Market Balance in Account on 12/31 of calendar year for which you are reporting:

The undersigned, a duly authorized official of the

(Name of Financial Institution)

at

(Street)

of

(City)

, Wisconsin,

on behalf of this financial institution does certify the Preneed Seller identified in # 1 on page 1, maintains a preneed trust account with a balance as listed and agrees the institution will allow an authorized representative of the Department of Safety and Professional Services to examine and audit the account upon demand and certifies the person(s) listed in # 8 on page 2 are the only ones authorized to withdraw funds from this account.

Signature of Office of Institution

Date

Print Name of Officer

Title

## 12. Preneed Seller:

I affirm that the information reported on this form is true and correct to the best of my knowledge and belief.

Signature of Preneed Seller (If unable to provide a digital signature print and sign form.)

Date

Print Name of Preneed Seller