



South Dakota Perpetual Care Cemetery Annual Financial Report

(For Preceding Fiscal year Due July 31st.)

Contact Information			
Name of Cemetery			
Physical Location of Cemetery			
City	State	Zip	
Mailing Address			
Mailing City	Mailing State	Mailing Zip	
Person responsible for bookkeeping and records			
Email	Phone	Fax	
Owner		Corporation ID (Ex: NS2345678)	
Entity Type (select one) <input type="checkbox"/> Corporation		<input type="checkbox"/> Non-Profit	

Activities (July 1 – June 30)	
Sales of adult burial space	
Sales of child burial space	
Sale of crypt in public mausoleum	
Sale of Inurnment niche in public columbarium	
Estimated number of adult burial plots available	

Licensed Banking Institution Information		
Name		
Address		
City	State	Zip
Principal Account Number		
Earnings Account Number		

Principal Account (Not Including Earnings)	
Beginning Balance	
Burial / Cremation Earnings	
Donations	
Other Income: (Please List)	
Withdrawals / Expenses (Please List)	
Ending Balance	

Earnings Account (Not Including Principal)	
Beginning Balance	
Burial / Cremation Earnings	
Donations	
Other Income: (Please List)	
Care & Maintenance Account Expenses	
Other Expenses (Please List)	
Ending Balance	

Please attach second page for any financial information that does not fit.

Signature (I certify that this report is true and correct to the best of my knowledge.)	Date