



RETURN THIS FORM TO:
 Service Alberta
 Consumer Services Division
 3C 10155 102 Street
 EDMONTON AB T5J 4L4

**Statement of
 Perpetual Care Fund**
 (Cemeteries Act)

To: Director of Cemeteries

This statement was prepared by the trustee of the **Perpetual Care Fund** of

 Name of Cemetery Owner

for the fiscal year ended _____
 mm/dd/yyyy

- 1. Amount in trust at the beginning of the fiscal year \$ _____
- 2. Total amount deposited into the trust by the cemetery owner during the year \$ _____
- 3. Capital Gains \$ _____
- 4. Total investment income earned by the trust during the year \$ _____
 Overall rate of return on investment _____ %.
- 5. Total remuneration paid to the trustee during the year \$ _____
- 6. Actual amount of income paid to the cemetery owner during the year \$ _____
- 7. Amount in trust at the end of the fiscal year \$ _____

These trust funds were invested in securities authorized under Schedule 2 of the Cemeteries Act, General Regulation in accordance with section 36(1) of the Cemeteries Act.

Signature of Individual Preparing This Statement	Date
Name (please PRINT)	Title (please PRINT)
Name of Trustee	Telephone Number (include area code)
Address of Trustee	Province
Street	Postal Code
City/Town	

This information is being collected for the purposes of providing the financial reporting requirements in accordance with the Cemeteries Act. Questions about the collection of this information can be directed to the Director of Cemeteries, 3rd Floor, Commerce Place, Edmonton, Alberta, T5J 4L4, 427-5210 (Outside of Edmonton, call 310-0000 to be connected toll free).