



**DEPARTMENT OF FINANCIAL SERVICES**  
*Division of Funeral, Cemetery & Consumer Services*  
**200 East Gaines Street**  
**Tallahassee, FL 32399- 0361**

**FINANCIAL STATEMENT**

I, \_\_\_\_\_, \_\_\_\_\_  
 (Name) (Address)

do hereby submit the following complete statement of my financial condition as of \_\_\_\_\_, to the Department of Financial Services for the Department's use in connection with an application for authority to organize the \_\_\_\_\_

\_\_\_\_\_ to be located at  
 (Name of Cemetery) \_\_\_\_\_ in the State of Florida, for the purpose of conducting a Cemetery Business.

CURRENT ASSETS

Cash on hand and in banks	\$ _____
Notes and accounts receivable	_____
Life Insurance (Face value \$ _____) Cash Surrender Value	_____
Real Estate (List important Parcels on back value)	_____
Other assets (List items on back)	_____
Fixed Assets	_____
List Items on back State Cost of Each (Enter Market Value)	_____
Total Assets	\$ _____

CURRENT LIABILITIES

Accounts Payable	_____
Notes Payable to Bank and Others	_____
Interest on Taxes	_____
Loans Payable within 12 Months	_____

LONG TERM LIABILITIES

Loans Payable over 12 Months	_____
Real Estate Mortgage Payable	_____
Other Debts and Liabilities (List on back)	_____
Total Liabilities	\$ _____

Net Worth \$ \_\_\_\_\_

Total Liabilities and Net Worth \$ \_\_\_\_\_

In addition to the debts and liabilities listed above, I have endorsed, guaranteed, or am otherwise indirectly or contingently liable for the debts of others amounting to \$\_\_\_\_\_.

CERTIFICATE

I hereby certify that the above statement of my financial condition is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date