



The Commonwealth of Massachusetts Division of Professional Licensure  
 1000 Washington Street, Suite 710  
 Boston, MA 02118-6100  
 Board of Registration in Embalming and Funeral Directing

**Massachusetts State Board Pre-Need Report**

**INSTRUCTIONS: Pursuant to 239 CMR 4.12(5), all Pre-Need Reports are due by June 30 of each year. All information must be completed. Do not leave any space blank. If the answer to a question is zero (0) or not applicable (N/A), please indicate. Every Funeral Home must submit this report annually. Incomplete or unsigned reports will be returned. Failure to submit a complete and signed Pre-Need Report by June 30 may result in Board discipline.**

**A Type 3 Registrant to whom the funeral home’s establishment certificate was issued must complete this form.**

Name of Funeral Home:

\_\_\_\_\_

Name and license number of Type 3 Registrant completing this form:

\_\_\_\_\_

Establishment Number: \_\_\_\_\_ Record Number: \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Main Office \_\_\_\_\_ Branch Office \_\_\_\_\_

Total number of pre-need funeral contracts<sup>1</sup> to which the funeral home is a party:

\_\_\_\_\_

The number of pre-need contracts **entered into** during the preceding calendar year:

\_\_\_\_\_

The number of pre-need funeral contracts to which the funeral home was a party and which were **performed** (fulfilled) during the preceding calendar year:

\_\_\_\_\_

The number of pre-need funeral contracts to which the funeral home was a party and which were **transferred** to another funeral home during the preceding calendar year:

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The number of pre-need funeral contracts to which the funeral home was a party which were **cancelled** during the preceding calendar year (cancellation of pre-need funeral contracts and consumer refunds must be made in accordance with 239 CMR 4.07):

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<sup>1</sup> Pursuant to 239 CMR 4.01, a pre-need funeral contract means any written agreement between a buyer and a licensed funeral establishment in which the licensed funeral establishment agrees, prior to the death of a named beneficiary, to furnish funeral goods and/or services for that named beneficiary upon his or her death, and the buyer, pursuant to that agreement, transfers or tenders funds to the licensed funeral establishment for the purpose of paying all or part of the cost of those funeral goods and/or services at the time they are actually provided.



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The names and addresses of **all** banking institutions, trust companies, and insurance companies holding any funds received in connection with any pre-need funeral contracts during the preceding calendar year:

Name Address Funding Method (i.e. funeral trust account or insurance policy)

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The location where records of pre-need funeral contracts and arrangements are kept:

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If applicable, list any and all banking institutions and corresponding account numbers where funds are deposited prior to the deposit of such funds into a funeral trust account or payment to an insurance company:

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**By signing below you certify that the information contained in this report is true and accurate to the best of your knowledge and ability. You also certify that the funeral home complies with Board regulations at 239 CMR 3.17 relative to professional liability insurance requirements.**

**Name (Please Print)** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_