Oregon Department of Consumer and Business Services Division of Financial Regulation 350 Winter St. NE, Rm. 410, Salem, Oregon 97301-3881 Mailing address: P.O. Box 14480, Salem, OR 97309-0405 503-947-7300 • Fax: 503-947-7862 dfr.ndp.licensing@dcbs.oregon.gov dfr.oregon.gov



## FUNERAL AND CEMETERY CONSUMER PROTECTION TRUST FUND CLAIM FOR RESTITUTION

Name of claimant:		
Name of beneficiary (if different):		
Claimant's mailing address:		
City, State, ZIP:		
Home phone:	usiness phone:	
Name of financial institution where	·	
trust money is deposited, if known:		
Date of prearrangement contract (must be on or after Sept. 27, 1987		
Gross sales price for service and/or merchandise: \$		
Seller's name:		
Name of business:		
Business address:		
1. Total amounts paid to date:	<u></u>	
2. Earnings on amounts trusted	<u>\$</u>	
3. Total (Line 1 + Line 2):	<u>\$</u>	
4. Minus total amounts recovered to date:	<u>\$</u>	
5. Unrecovered amounts claimed on this form:	<u></u> \$	
Notarized signature of claimant:	Date:	
Signature of notary:	Notary seal	
My commission expires:		

Attaching the following documentation will help support your claim:

- Copy of prearrangement contract
- Copies of canceled checks and receipts of payments made to seller

Other information you believe would be helpful, including correspondence to or from the seller, correspondence to or from the financial institution, and any other information to help document the claim

