



FUNERAL SERVICES DIVISION - BURIAL ASSOCIATIONS: ANNUAL REPORT FORM

"NEW" BUSINESS [B.A. MEMBERSHIP DEFINED UNDER ACT 443 OF 1987]

Burial Association Name:	<input type="text"/>
Contract Funeral Home Name:	<input type="text"/>

**BENEFITS OWING**

AMOUNT TO BE REPORTED UNDER THE RECAP REPORT, SECTION 6. BENEFITS RECAP [6a] ▶

AMOUNT PAYABLE TOTAL:  
(All Pages/All Records)

NO.	B.A. MEMBER NAME	AGE	DATE OF DEATH	B.A. CERTIFICATE NUMBER	CERTIFICATE DATE	PLACE OF DEATH (CITY/STATE)	CERTIFICATE FACE AMOUNT	AMOUNT PAYABLE
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PAGE 1 SUBTOTAL (ADD "AMOUNT PAYABLE" FOR ROWS 1 THRU 40):



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AMOUNT PAYABLE TOTAL:  
(All Pages/All Records)

NO.	B.A. MEMBER NAME	AGE	DATE OF DEATH	B.A. CERTIFICATE NUMBER	CERTIFICATE DATE	PLACE OF DEATH (CITY/STATE)	CERTIFICATE FACE AMOUNT	AMOUNT PAYABLE
41								
42								
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45								
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PAGE 2 SUBTOTAL (ADD "AMOUNT PAYABLE" FOR ROWS 41 THRU 80):



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**BENEFITS OWING**

AMOUNT TO BE REPORTED UNDER THE RECAP REPORT, SECTION 6. BENEFITS RECAP [6a] ▶

AMOUNT PAYABLE TOTAL:  
(All Pages/All Records)

NO.	B.A. MEMBER NAME	AGE	DATE OF DEATH	B.A. CERTIFICATE NUMBER	CERTIFICATE DATE	PLACE OF DEATH (CITY/STATE)	CERTIFICATE FACE AMOUNT	AMOUNT PAYABLE
81								
82								
83								
84								
85								
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91								
92								
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PAGE 3 SUBTOTAL (ADD "AMOUNT PAYABLE" FOR ROWS 81 THRU 120):

See **FSD-BA\_AR\_RECAP (NB) Tab - Page 2 of 2** for Completion Instructions and Definitions