

Licence Number :	Approved by :
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Note: Refer to the enclosed instruction sheet

Name of trustee of care & maintenance fund/account (i.e. Eligible depository – bank / loan and trust corporation / credit union / Public Guardian and Trustee / Municipality):	Contact person (trustee's office):
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Unit No.:	Street No.:	Street name:	P.O. box:
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City/Town:	Province:	Postal code:
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Telephone No. (including area code):	Fax No.:	Email address (required):
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Please use a separate report for each account	Account number:
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Account relates to (check which applies):
 Interment rights Scattering rights Markers

Period covered (check appropriate box)
 January 1 to December 31, 20__ OR _____ 20__ to _____ 20__

1. Total amount of care and maintenance funds at the beginning of this period (excluding income/revenue)	\$
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2. Care and maintenance contributions not yet sent to the trustee as of the beginning of this period	\$
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3. Care and maintenance fund – Interment and scattering rights

Non-instalment sales			Instalment sales	
A	B	C	D	E
Number of interment or scattering rights sold / assigned / transferred	Total amount of sales (\$)	Care and maintenance contributions (\$)	Total instalment payments received (\$)	Care and maintenance contributions (\$)
In-ground grave - 2.23 m ² / 24 ft ² or larger (adult lot)				
In-ground grave - smaller than 2.23 m ² /24 ft ² (child/cremation lot)				
Crypt				
Niche				
Scatterings (single)				
Scatterings (multiple)				
Scatterings (no rights)				

Total care and maintenance contributions from the sale of interment and scattering rights (Add Columns C + E)	\$
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4. Care and maintenance fund - Marker installation

Number of markers installed (A)	Amount prescribed (B)	Total (C)
Number of flat markers (1,116.23 cm ² /173 in ² or larger)	x \$50	=
Number of small upright markers (1.22 m / 4 ft or less in height and 1.22 m / 4 ft or less in length, including the base)	x \$100	=
Number of large upright markers (more than 1.22 m / 4 ft in either height or length, including the base)	x \$200	=

Total care and maintenance contributions from marker installations (Add Column C)

\$

5. Additional care and maintenance contributions: Bequests

\$

6. Additional care and maintenance contributions: From the resale of interment/scattering rights

Resale				
A	B	C	D	E
Indicate the number and type of interment/scattering rights	Price of interment/scattering rights as per current price list	Care and maintenance contribution required	Amount contributed to care and maintenance from previous sale(s)	Additional care and maintenance contribution required (C-D)
Example 1: 1 x in-ground grave (greater than 24 ft ²)	\$500	\$250	\$100	\$250 - \$100 = \$150
Example 2: 2 x columbarium niches	\$3,000 each	\$450 x 2 = \$900	\$200 x 2 = \$400	\$900 - \$400 = \$500

Total care and maintenance contributions from the resale of interment and scattering rights (Add Column E)

\$

7. Additional care and maintenance contributions: Payment in lieu of property tax (Provide a copy of the property tax bill)

\$

8. Additional care and maintenance contributions: Other

\$

9. Sub-total (Add lines 1 to 8)

\$

10. ADD (if applicable): Capital gains (losses) per trustee's statement

\$

11. LESS: Capital gains tax withheld as per trustee

\$()

12. LESS: Total amount of care and maintenance contributions owed to trustee at the end of this period (Indicate when the funds will be sent to trustee)

\$()

13. Operator's ending balance (Add lines 9 and 10 then subtract lines 11 and 12)

\$ =

14. Total income received from trustee in this period per trustee's statement

\$

15. Total amount spent on maintenance of cemetery in this period

\$

16. Provide a reconciliation/explanation if the operator's ending balance does not match the closing capital balance (tax cost) on the trustee statement at the end of the fiscal year.

Notice & consent as required by applicable privacy laws

In order to complete or verify the information provided on this form (including page 1), it may be necessary for the Bereavement Authority of Ontario (BAO) to collect additional information from some or all of the following sources: federal, provincial and municipal licensing bodies and police forces, other law enforcement agencies, sheriff's offices, the Registrar of Bankruptcy, credit bureaus, trust companies for compensation fund records, professional and industry associations, former and current employers, employers for whom you may work while this registration is valid, the Ontario Ministry of Transportation and Industry Canada. Only information relevant to your registration/licence will be collected. Please refer to our Privacy and Access Code on the BAO website.

I consent to the collection of this information as authorized under the *Funeral, Burial and Cremation Services Act, 2002*. I understand that this information will be used to determine whether I am and remain qualified to be licensed under the FBCSA.

The official who can answer questions about the collection of information is:

The Registrar, *Funeral, Burial and Cremation Services Act, 2002*
Bereavement Authority of Ontario
100 Sheppard Avenue East, Suite 505
Toronto, ON M2N 6N5
Tel: 647-483-2645 Toll-free: 844-493-6356 Fax: 647-748-2645
Email: info@thebao.ca

Note: For corporations, this report must be signed by two officers. For partnerships, this report must be signed by all partners. For municipalities, religious organizations, trustees and volunteer boards this report must be signed by an authorized officer.

Warning: It is an offence to provide false information on these reports.

I (we) certify that to the best of my (our) knowledge and belief the within statements are true and correct and are in agreement with the records maintained by the cemetery/crematorium operator.

Authorized signature:	Print full name:	
Position:	Daytime telephone no.:	Date (yyyy/mm/dd):
Authorized signature:	Print full name(s)	
Position:	Daytime telephone no.:	Date (yyyy/mm/dd):

Return all forms to the address below. If you have any questions or require assistance completing the forms please contact:

Bereavement Authority of Ontario
100 Sheppard Avenue East, Suite 505
Toronto, ON M2N 6N5
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