

Report on Care and Maintenance

Trust Fund/Account – Form 2
Funeral, Burial and Cremation Services Act, 2002 (FBCSA)

Operators can now submit the Form 2 – Report on Care and Maintenance through the OBIS portal at: https://portal.thebao.ca/SignIn

Submit a separate Form 2 for each care and maintenance ("C&M") fund/account. Fillable forms are available at https://thebao.ca/for-professionals/cemeteries-crematoriums/forms/. See the instruction sheet for further details and reporting requirements.

	COMPLETE ALL FIELDS BEL	OW:
Cemetery Manager Name:	Cemetery Licence Number:	Site Number (if applicable):
Name of trustee or financial institution	Account Number:	
Contact Name of trustee:	Contact Name of trustee: Position / Title: Telephone #:	
Address:		Email Address:
Fiscal year reporting period (fill in as	licable boxes): Interment / Scattering Rig required): January 1 to December 31, e over \$500,000 in C&M, you are required to	OR, 20 to, 20
Please indicate: ☐ Audit report is sub	mitted along with Form 2 OR \square Audit report	will be submitted on or about, 20
-	ance according to your trust fund or account Form 2 Line #10. Please do not use the mar	
2) Care and maintenance contributio Form 2. (#9 from your previous ye	ns collected and not deposited according to ars' form.)	your previous years'
	ns required for the sale of interment and sca	ttering rights.

^{*}For assistance, use our C&M calculator at https://thebao.ca/calculator/

	llment Sales (One-time Payment)		Installment Sales (Multiple Payments)		
Type of Interment / Scattering Rights	Total number of internment / scattering rights sold or assigned	(\$) Total value of sales (excludes HST)	(\$) Total C&M Contribution Required	(\$) Total value of sales (excludes HST)	(\$) Total C&M Contribution Required
In-Ground Grave (2.23m²/24ft² or larger) \$290 or 40% of selling price, whichever is greater					
In-Ground Grave (smaller than 2.23m²/24ft²) \$175 or 40% of selling price, whichever is greater					
Crypt \$830 or 20% of selling price, whichever is greater					
Niches \$165 or 15% of selling price, whichever is greater					
Scattering Ground (single right) *\$115 or 40% of selling price, whichever is greater					
Scattering Ground (multiple right) *\$30 or 15% of selling price, whichever is greater					
Scattering Ground (no rights) *\$30 per scattering				Instalment Sales	
Total C&M Contribu	utions Required For:	Non-Instalment Sales		Non-Instalment and Instalment	



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4) Care and maintenance contributions required for marker installations

Type of Marker Installed	Number of Markers installed	Prescribed Contribution	(\$) Total C&M Contribution Required
Flat Marker (1,116.13cm ² /173in ² or larger)		\$100	
Small Upright Marker (1.22m/4ft or less in height or length, including the base)		\$200	
Large Upright Marker (more than 1.22m/4ft in height or length, including the base)		\$400	

Total Contributions for Marker Installation	

5) C&M contributions from the **RESALE** of interment and scattering rights. *Attach additional sheet if necessary

(A) Type of interment / scattering right	(B) Price as per price list	(C) Required C&M contributions	(D) C&M contribution from previous sale	(E) Additional C&M contribution (C – D)	
Example: 1 x in-ground grave (adult)	\$1000.00	\$400.00	\$100.00	\$400.00 -\$100.00 = \$300.00	

Total Contributions from Resale

6) Other contributions to your C&M Fund/Account outside of the requirements above.

Add: Incoming transfer of C&M funds	
Add: Donations or bequests	
Add: C&M for payment in lieu of property tax	
Add: Voluntary additional contributions	
Add: Other, please specify:	

If you have received consent to borrow from your C&M fund:	
Subtract: Money borrowed out of the C&M Fund this reporting period	
Add: Yearly repayment as per your repayment schedule	

Total Other C&M Contributions



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7.a) Sum of all contributions required (Add Lines #2 to #6)		
7.b) Care and maintenance contributions collected and not deposited to your trust fund/account at the end of your fiscal year (do not enter any minus signs)		
If any care and maintenance deposit is outstanding, please provide a date for the amount and date that this will be deposited	DD/MM/YYYY	Amount
For example: Cemetery sold one in-ground grave (adult) interment right December 1st, 2024, for selling price of \$1,000.00. Deposited C&M contribution of \$400.00 (40%) on January 8th, 2025 (within 60 days).	EXAMPLE 08/01/2025	EXAMPLE \$400.00
7.c) Total Care and maintenance contributions deposited during your fiscal year (which should also match your trustee statement) (#7.a subtract #7.b)		
8) Total realized capital gains/loss (Please do not indicate unrealized capital gains.) (For losses, add a minus sign before the value)		
9) Interest or dividends reinvested Interest or dividends not withdrawn within 12 months of being generated cannot be released		
10) Ending book value or tax cost balance according to your your trust fund or account statement (Please do not use the market value)		
The ending balance on your statement must match the number above on line 10. Any discrepancies s	hould be explain	ed in line #12).
11) Income generated, and expenses incurred information a) Total interest/dividends received and withdrawn (as per your trustee statement)		
b) Care and maintenance expenses for the period (e.g. grass cutting, upkeep of the cemetery)		
12) If your amount in #10) does not match your statement, please provide an explanation or a reconcession to provide any further information that may be useful for the financial compliance officers.		may use this



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Notice and consent as required by applicable privacy laws

In order to complete or verify the information provided on Form 2, it may be necessary for the 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, 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. Only information relevant to your registration/license will be collected. Please refer to our Privacy and Access Code on the BAO website.

By signing, I consent to the collection of this information as authorized under the Funeral, Burial and Cremation Services Act, 2022. I understand that this information will be used to determine whether I am and remain qualified to be licensed under the FBSCA.

WARNING: IT IS AN OFFENCE TO PROVIDE FALSE INFORMATION ON THESE REPORTS.

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. By signing the below, I (We) certify that to the best of my (our) knowledge and belief, the above information is true and correct and is in agreement with the records maintained by the operator.

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	☐ I confirm that a copy of the account state the entire 12 months of my reporting fisc	•	e/bank/credit union/C	aisse Populaire (as applicable) covering		
	☐ I confirm that a copy of my price list that	covers this reporting p	period is attached.			
Authorized Signature:		Print Full Name:				
	Position: Telephone no.:			Date (dd/mm/yyyy):		
Authorized Signature:		Print Full Name:				
	Position:	Telephone no.:		Date (dd/mm/yyyy):		

Please email, fax, or mail (in order of preference) all forms the BAO (contact information below). If mailing your forms, please make a copy for your records. If you have any questions or need assistance to complete the forms, please contact us by phone or email.

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