

4. A recent financial statement for the applicant company must be submitted.
5. Please provide the name(s) and address(es) of the financial institution(s) where the consumers' funds will be held.
6. The license fee of \$25.00 must accompany this application. Please make checks payable to *State of Delaware*.

I hereby certify that I am authorized to sign and submit this application for licensure on behalf of the applicant company, in my role as principal of said application company, and that the information contained herein is true and correct to the best of my knowledge and belief.

Signature of Principal Officer

Print Name

Title

Date

CORPORATE SEAL

* Check here if you do not have a corporate seal

Sworn and subscribed before me this _____ day of _____, 2____.

Signature of Notary Public

My Commission expires on _____.

NOTARY SEAL

PRENEED FUNERAL CONTACT SHEET

Name of Licensee: _____

EMPLOYER IDENTIFICATION NUMBER: _____

A contact and all requested information must be provided for each of the following categories:

Supervisory Assessment _____

Name and Title Telephone # Extension #

Email Address Fax #

Mailing Address

License Renewal

Name and Title Telephone # Extension #

Email Address Fax #

Mailing Address

Examination

Name and Title Telephone # Extension #

Email Address Fax #

Mailing Address

Complaints

Name and Title Telephone # Extension #

Email Address Fax #

Mailing Address

Public Contact

Name and Title Telephone # Extension #

Email Address Fax #

Mailing Address

Changes in the above contacts must be reported to our office immediately.