

STATE OF DELAWARE  
OFFICE OF THE STATE BANK COMMISSIONER  
1110 FORREST AVENUE  
DOVER, DELAWARE 19904

Telephone No. (302) 739-4235

[www.banking.delaware.gov](http://www.banking.delaware.gov)

Fax No. (302) 739-2356

**RENEWAL APPLICATION  
FOR LICENSE UNDER CHAPTER 34  
PRENEED FUNERAL CONTRACTS**

Website Address: \_\_\_\_\_

In compliance with the requirements of Section 3406, Title 5, Delaware Code, and providing for the regulation of accepting preneed funeral contracts:

\_\_\_\_\_  
Licensee Name

desires to engage in such business as can be conducted under the provisions of said Act and hereby makes application for a license in accordance with its terms:

1. FIN or SSN: \_\_\_\_\_

2. Address of Principal Office where Delaware business is conducted:

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Telephone #

**(Must be consistent with current address on record)**

3. Additional licensed locations being renewed:

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Telephone #

**(Must be consistent with current address on record)**

4. Name, title, business address and residence address of every member, officer, and director thereof if the applicant is a firm, partnership, association or corporation. (If more than five, please attach list).

Name	Title	Residence Address	Business Address

5. A recent Balance Sheet and Income Statement of the licensee must be submitted (dated within the last six months).

**6. SURETY BOND AND/OR LETTER OF CREDIT**

Please indicate which of the following applies:

- a) Attached is a copy of our continuous surety bond.
- b) Attached is an original continuation certificate extending the validity of our surety bond through and including December 31, 2025 (or later).
- c) Attached is an original amendment to our irrevocable letter of credit extending the validity of the LOC through and including December 31, 2027 (or later).
- d) Attached is a copy of our irrevocable letter of credit, which is already valid through and including December 31, 2027 (or later).
- e) Attached is a brand new original surety bond valid through and including December 31, 2025, **OR** a brand new original irrevocable Letter of Credit valid through and including December 31, 2027.

7. Name and address of all consumers for whom you have preneed funeral contracts together with the amounts (as of the date of this data) and the names and addresses of the financial institutions where the funds are held.

8. Application Submission Information.

- The license fee of \$25.00 (per location) must accompany this application.
- Please make checks payable to *State of Delaware* and reference it as “Renewal Fee.”
- **Applications received on or before the December 1, 2024, deadline, but without all required fees, will be considered late and treated accordingly.**
- **If you are not renewing a particular licensed location, you must state this in writing on your letterhead.**

I hereby certify that I am authorized to sign and submit this application for licensure on behalf of the licensee, in my role as principal of said licensee, 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

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 #/Ext. #
Email Address	Fax #
Mailing Address	

License Renewal:

Name and Title	Telephone #/Ext. #
Email Address	Fax #
Mailing Address	

Examination:

Name and Title	Telephone #/Ext. #
Email Address	Fax #
Mailing Address	

Complaints:

Name and Title	Telephone #/Ext. #
Email Address	Fax #
Mailing Address	

Public Contact:

Name and Title	Telephone #/Ext. #
Email Address	Fax #
Mailing Address	

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