



**DEPARTMENT OF FINANCIAL SERVICES**  
*Division of Funeral, Cemetery & Consumer Services*  
**200 East Gaines Street**  
**Tallahassee, FL 32399- 0361**

**FINANCIAL STATEMENT**

I, (Name), (Address), do hereby submit the following complete statement of my financial condition as of , to the Department of Financial Services for the Department's use in connection with an application for authority to organize the (Name of Business) to be located at in the State of Florida, for the purpose of conducting Funeral/Cemetery Business.

CURRENT ASSETS

Cash on hand and in banks \$  
 Notes and accounts receivable  
 Life Insurance (Face value \$ ) Cash Surrender Value  
 Real Estate (List important Parcels on back value)  
 Other assets (List items on back)  
 Fixed Assets  
 List Items on back State Cost of Each (Enter Market Value)  
 Total Assets \$

CURRENT LIABILITIES

Accounts Payable  
 Notes Payable to Bank and Others  
 Interest on Taxes  
 Loans Payable within 12 Months

LONG TERM LIABILITIES

Loans Payable over 12 Months  
 Real Estate Mortgage Payable  
 Other Debts and Liabilities (List on back)  
 Total Liabilities \$  
 Net Worth \$  
 Total Liabilities and Net Worth \$

In addition to the debts and liabilities listed above, I have endorsed, guaranteed, or am otherwise indirectly or contingently liable for the debts of others amounting to \$ .

CERTIFICATE

I hereby certify that the above statement of my financial condition is true and correct to the best of my knowledge and belief.

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Signature

Date