



STATE OF NEVADA
FUNERAL AND CEMETERY SERVICES BOARD

3740 Lakeside Drive, Suite 201, Reno, Nevada 89509

Phone (775) 825-5535

Email: nvfuneralboard@fb.nv.gov * Website: <http://funeral.nv.gov/>

Regulatory Fee Report (NRS 642.0696)

Instructions: Each licensed funeral establishment and direct cremation facility must complete and submit a monthly report and remit any fees due on or before the 15th of the month following the month being reported. If no contracts were signed, submit a report with zeros.

If paying by check, make the check payable to the Nevada Funeral & Cemetery Services Board. If paying by credit card, complete the credit card payment information section below. Mail your report to the address above.

Facility Information

Facility Name		Permit #:	
Facility Location			

Reporting Month: _____ Year: _____

1. Total Number of Signed Contracts:	
2. Number of Social Services Cases:	
3. Number of Signed Contracts Less Social Services Cases:	
Total Amount Due: (Line 3 multiplied by \$10.00)	

By signing below, I hereby declare that the information provided herein and in any attachments is true and correct to the best of my knowledge and that I have not withheld, misrepresented, or falsely stated any information relevant to this report.

Print Name of Person Completing Report

Signature of Person Completing Report

Direct Telephone Number _____

Email: _____

Credit Card Payment Information

Name on Credit Card: _____
Credit Card Number: _____
Expiration Month/Year: _____
Billing Address: _____
Billing City, State & Zip: _____
Email for Receipt: _____
Authorized Signature: _____

By signing above, I authorize payment in the above amount to the Nevada Funeral and Cemetery Services Board.

For Board Use Only:

<input type="checkbox"/> Date Rcvd:		<input type="checkbox"/> Fee Paid:	\$	<input type="checkbox"/> Ref. No.:	
-------------------------------------	--	------------------------------------	----	------------------------------------	--