



STATE OF NEVADA  
**FUNERAL AND CEMETERY SERVICES BOARD**

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 Phone (775) 825-5535 \* Fax (775) 507-4102  
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**Regulatory Fee Report (NRS 642.0696)**

***\*This Report and monthly payment is due by the 15<sup>th</sup> of the month following the reporting period\****

Location Information	
Location Name:	Permit #:
Location Address:	

Reporting Month: \_\_\_\_\_ Year: \_\_\_\_\_

Total Number of Signed Contracts:	
Number of Social Services Cases:	
Number of Applicable Cases: <i>(Total number of signed contracts minus social services cases)</i>	
Total Amount Due: <i>(Number of applicable cases x \$10.00)</i>	

*By signing below, I hereby declare that all information provided and attached to this report is to the best of my knowledge true, accurate and complete and I have not withheld, misrepresented, or falsely stated any information relevant to this report.*

\_\_\_\_\_  
 Name of Person Completing Report

\_\_\_\_\_  
 Signature of Person Completing Report

For Board Use Only:

Date Rcvd:	Fee Paid: \$	Ref. No.:
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