



STATE OF NEVADA
FUNERAL AND CEMETERY SERVICES BOARD

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Regulatory Fee Report (NRS 642.0696)

****This Report and monthly payment is due by the 15th 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:

<input type="checkbox"/> Date Received:		<input type="checkbox"/> Fee Paid:	\$
<input type="checkbox"/> Database Updated:		<input type="checkbox"/> Ref. No.:	