



**AFFIDAVIT
(TO BE COMPLETED BY PRENEED PROVIDER APPLICANT)**

SECTION A - (This section should reflect the name and address of the preneed provider agreeing to honor the preneed contracts.)

APPLICANT/BUSINESS ENTITY (TO HONOR PRENEED CONTRACTS)

DOING BUSINESS AS

APPLICANT/BUSINESS ENTITY ADDRESS (STREET, CITY, STATE, AND ZIP CODE)

SECTION B - (This section should reflect the name and address the way the preneed provider is currently licensed with the board.)

NAME OF PRESENT BUSINESS ENTITY

ADDRESS OF PRESENT BUSINESS ENTITY (STREET, CITY, STATE, AND ZIP CODE)

SECTION C - (This section should be completed by the preneed provider agreeing to honor the preneed contracts.)

I, _____, being first duly sworn and upon my oath do hereby agree to:

(PRINT NAME)

- assume the obligations of the named provider in Section B;
- have been provided a copy of the provider's final annual report;
- have consented to assuming the outstanding obligations of the provider.

I affirm that I made this affidavit knowingly, and understand that any false statement or material omission herein subjects me to criminal penalties for making a false affidavit under Section 575.050, RSMo (as amended).

NOTARY SECTION

SIGNATURE AND TITLE

PLEASE PRINT NAME

NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	YEAR
	USE RUBBER STAMP IN CLEAR AREA BELOW.	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	