CEMETERY REPORT FOR FISCAL YEAR ENDING ________________________________

CEMETERY NAME _______________________________________________________

Parish Name associated with the cemetery ________________________________________

Contact person for Cemetery concerns __________________________________________
Phone#/Email Address __________________________________________________________

Federal ID Number __________________________________________________________

Price to purchase a single full body plot. $______________ Percentage allocated to Perpetual fund. _____ %
Price to purchase a cremation plot. $______________

Balance Sheet and Profit and Loss statement (QuickBooks or equivalent)
Annual Operating Budget of the Cemeteries next Fiscal Year (QuickBooks or equivalent)

Number of interments in the last twelve months. __________________
How many of these interments were Full Body burials? __________________

GENERAL FUNDS DETAIL (NON-RESTRICTED)

<table>
<thead>
<tr>
<th>BANK/COMPANY</th>
<th>TYPE ACCT</th>
<th>RATE %</th>
<th>INTEREST EARNED</th>
<th>ACCOUNT BALANCE</th>
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PERPETUAL CARE FUNDS DETAIL (RESTRICTED)

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NAMES OF CEMETERY TRUSTEES, ASSOCIATION OR COMMITTEE MEMBERS
(include titles where appropriate)

__________________________________________________________________________________________
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__________________________________________________________________________________________

Please send the completed report to pbeauregard@vermontcatholic.org or 55 Joy Dr., So. Burlington Vt 05408