

NORTH CAROLINA CEMETERY COMMISSION GRAVE SPACE REPORT

GRAVE SPACES FOR THE MONTH OF _____

CEMETERY NAME & ADDRESS: _____

TRUSTEE: _____

DEED NUMBER	DATE OF DEED	CONTRACT NUMBER	DATE OF CONTRACT	PURCHASER	LOT NUMBER	SECTION	# GRAVE SPACES DEEDED	AMOUNT DUE TO PC FUND
TOTAL								\$0.00

DATE DEPOSITED TO PC FUND _____ 20__

Report and DEPOSIT due 30 days after close of month. Prepare this report in duplicate, forward one copy to the Commission and retain one for your files. (If no DEEDS occur during the month, show "No deed issued" on the report)

I HEREBY CERTIFY THAT THE FOREGOING IS CORRECT.

This _____ day of _____, 2007