

Period Ending:



Mark with "X"

"Old" Business:

"New" Business:  
(Act 443 of 1987)

Burial Association Name:	<input type="text"/>
Contract Funeral Home Name:	<input type="text"/>

**COUNT OF MEMBERS DROPPED/CANCELLED SHOULD MATCH THE NUMBER REPORTED UNDER SECTION 5 OF THE RECAP REPORT**

NO.	B.A. MEMBER NAME	B.A. CERTIFICATE NUMBER	DROP/CANCELLATION DATE	CERTIFICATE FACE AMOUNT	REASON FOR DROPPING/CANCELLING
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					

Period Ending:



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NO.	B.A. MEMBER NAME	B.A. CERTIFICATE NUMBER	DROP/CANCELLATION DATE	CERTIFICATE FACE AMOUNT	REASON FOR DROPPING/CANCELLING
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					
51					
52					
53					
54					
55					
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71					
72					
73					
74					
75					
76					

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NO.	B.A. MEMBER NAME	B.A. CERTIFICATE NUMBER	DROP/CANCELLATION DATE	CERTIFICATE FACE AMOUNT	REASON FOR DROPPING/CANCELLING
77					
78					
79					
80					
81					
82					
83					
84					
85					
86					
87					
88					
89					
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92					
93					
94					
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96					
97					
98					
99					
100					

NOTES: