



STATE OF ILLINOIS
 COMPTROLLER
 JUDY BAAR TOPINKA

Cemetery Care & Burial Trust Division
 100W. Randolph St., Suite 15-500
 Chicago Illinois 60601
 312/814-2451 FAX: 312/814-3117

ILLINOIS FUNERAL & BURIAL FUNDS ACT BOND
(225 ILCS 45/1 et seq.)

Please type or print legibly

Bond Number _____

_____ of the City of _____,
 Name of Applicant

County of _____, state of Illinois, as principal, and _____ authorized
 Name of Bonding/Insurance Company

to do business in the State of Illinois, are held and firmly bound unto the Comptroller of the State of Illinois for the benefit of the State of Illinois and of any person or persons who may have a cause of action against the principal in this bond under and by the virtue of the provisions of the Illinois Funeral or Burial Funds Act (225 ILCS 45/1 et seq.) in the penal sum of _____ for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

As a condition of the above obligation it is understood that the above principal has applied for a license to engage in the business authorized by the aforesaid Act as a Trustee under the terms and conditions herein provided.

If the principal shall, upon the issuance of the aforesaid license, perform all the duties as Trustee required under the Act during the period for which the said license is in effect, then this obligation shall be void; otherwise, it shall remain in effect.

It is further expressly provided that suit may be brought in any Court of competent jurisdiction upon this bond in the name of the Comptroller of the State of Illinois.

If the surety herein shall so elect, this bond may be conditionally cancelled at any time by the surety herein filing with the Comptroller of the State of Illinois a sixty (60) day written notice of such conditional cancellation, but said surety so filing said notice shall not be discharged from any liability already accrued under this bond or which shall accrue hereunder before the expiration of said sixty (60) day period.

In Witness Whereof, we have duly executed the foregoing obligation this _____ day of _____,
 _____, to be effective on the _____ day of _____.

Principal
 By _____
 Name Title
 Street & Number City State Zip Code

Bonding/Insurance Company
 By _____
 Name Title
 Street & Number City State Zip Code

FIDELITY BOND

State of Illinois
County of _____

I, _____, do solemnly swear that the foregoing answers and statements have been
knowingly made by me and the same are true. Given under my hand this _____ day of _____.

Signature

Title

Subscribed and sworn to before me in
_____ County, in the State of Illinois
by the said _____ who
personally appeared before me in the aforesaid
County and State, this _____ day of
_____, _____.

Notary Seal

Notary Public

My commission expires

Surety Solutions, LLC