

**Form  
NPM**

**KANSAS SECRETARY OF STATE  
Notification to Sell Prepaid  
Merchandise, Burial Products,  
Services or Contracts**

**Kansas Secretary of State, Audit Manager:**

Docking State Office Building  
915 SW Harrison Street  
Topeka, KS 66612

(785) 296-4564  
audit@ks.gov  
<https://sos.ks.gov>

**Directions:** Before selling prepaid merchandise, burial products, services or contracts, this form must be completed in full (typewritten or printed in ink) and signed. If additional space is needed in answering any questions, please attach the information to this form as an Exhibit.

Name of Legal Owner	E-mail Address	Phone		
Mailing Address	City	State	Zip	

Common Name of Cemetery	County			
Physical Address	City	State	Zip	
		<b>KS</b>		

Branch Establishment 1	County			
Physical Address	City	State	Zip	
		<b>KS</b>		

Branch Establishment 2	County			
Physical Address	City	State	Zip	
		<b>KS</b>		

Financial Institution / Trustee 1	County			
Physical Address	City	State	Zip	
		<b>KS</b>		

Financial Institution / Trustee 2	County			
Physical Address	City	State	Zip	
		<b>KS</b>		

I do hereby certify under penalty of perjury and pursuant to the laws of the state of Kansas that the information contained in this report and supplied in any attachments thereto is true and correct.

Printed Name	Title			
Signature of Owner or Officer	Month	Day	Year	
X				