



# REGULATORY FEE REMITTANCE FORM

Funeral and Cremation Services Council of Saskatchewan (FCSCS)  
3847C Albert St., Regina, SK S4S 3R4 Phone: (306) 584-1575 or toll free 1-800-892-0116,  
Fax: (306) 584-1576 Email: [administration@funeralinfo.ca](mailto:administration@funeralinfo.ca) Website: [www.funeralinfo.ca](http://www.funeralinfo.ca)

### REPORTING PERIOD

From \_\_\_\_\_, 2\_\_\_\_ to \_\_\_\_\_, 2\_\_\_\_ = Number of Months \_\_\_\_\_

We, \_\_\_\_\_ of the city/town of \_\_\_\_\_  
*(Name of Funeral Home, Crematorium)*

report we registered the following deaths with the Department of Vital Statistics and remit the required Regulatory Fee as required per Bylaw 9000.

### REGISTERED DEATHS

NUMBER OF DEATHS REGISTERED: \_\_\_\_\_ NUMBER OF REGISTERED DEATHS GST EXEMPT: \_\_\_\_\_

**NOTE:** In any instance where GST was not collected, please provide proof/reason (eg. treaty # or gov't dept, etc) for non-collection below. If additional space is required, please attach on a separate page. Such proof may be required by GST auditors.

### GST EXEMPT DEATHS

NAME	REASON

### REMITTANCE

REGULATORY FEE REMITTED (#deaths x \$50.00): \$ \_\_\_\_\_

GST: \$ \_\_\_\_\_

TOTAL REMITTANCE ATTACHED: \$ \_\_\_\_\_

I certify the above to be a true and accurate report. \_\_\_\_\_  
*(Signature)* *(Date)*

Please enclose the following:

Payment

*Original to accompany the payment with a copy retained by the Owner*