



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 Website: 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