Montana Department of LABOR & INDUSTRY

Montana Board of Funeral Service

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CHANGE OF MORTICIAN-IN-CHARGE – PREVIOUS MORTICIAN-IN-CHARGE CHANGE FORM

Instructions

In order to operate, a mortuary or branch establishment must have a designated mortician-in-charge who is licensed in Montana (ARM 24.147.901(1)(b), 37-19-402(1), MCA) . The board must be notified within ten days of any change in the mortician-in-charge by both the mortuary and the previous mortician-in-charge per ARM 24.147.409.

This form must be submitted by the mortician who is no longer designated as the mortician-in-charge.

Section 1 – Owner and Facility Information

1. Owner Name(s):_____
2. Business Name:_____
3. Mortuary or Branch Establishment DBA:_____
   If different than business name
4. Business Physical Address: _____
5. Business Address:_____
   Mailing address, if different than physical address
6. Business Email Address: _____
7. Telephone: _____ _____
   Business Cell
8. Mortuary or Branch Establishment License Number:_____

Section 2 – Previous Mortician-in-Charge Information

9. Previous Mortician-in-Charge Name:_____
10. Previous Mortician-in-Charge License Number:_____
11. Effective Date of Change of Mortician-in-Charge:_____
    i.e. date licensee ceased to be the designated mortician-in-charge

Section 4 – Declaration

I, the mortician as described in Section 2, attest I am no longer designated as the mortician-in-charge of this mortuary or branch establishment as of the effective date stated in Section 2.

_____ _____
Legal Signature of Previous Mortician-in-Charge Date