

MONTANA BOARD OF FUNERAL SERVICE
PO BOX 200513
301 S PARK, 4TH FLOOR
Helena, MT 59620-0512
Licensing Phone: 406-444-6880
Email: dlibsdlhelp@mt.gov Website: www.funeral.mt.gov

MORTUARY BRANCH ESTABLISHMENT APPLICATION

I am applying for licensure as:

mortuary branch establishment – \$834

*\$834 includes \$544 application fee and \$290 inspection fee

SECTION 1 – This section is for the branch establishment information.

1. BRANCH ESTABLISHMENT BUSINESS NAME: _____

2. BRANCH ESTABLISHMENT DBA: _____

3. DBA REGISTERED

Yes

Active

No

Inactive

4. BRANCH ESTABLISHMENT BUSINESS PHYSICAL ADDRESS:

 Physical address of this particular facility—needed for inspections

5. BRANCH ESTABLISHMENT BUSINESS ADDRESS:

 Mailing address, if different than physical address

6. BRANCH ESTABLISHMENT BUSINESS EMAIL ADDRESS: _____

10. BRANCH ESTABLISHMENT TELEPHONE: _____
Business Cell

11. TAX ID NUMBER: _____

12. Does the branch establishment have a preparation room?

Yes

No

SECTION 2 – This section is for the controlling mortuary information.

13. CONTROLLING MORTUARY BUSINESS NAME: _____

14. CONTROLLING MORTUARY BUSINESS ADDRESS: _____

15. CONTROLLING MORTUARY EMAIL ADDRESS: _____

16. CONTROLLING MORTUARY TELEPHONE: _____
Business Cell

17. CONTROLLING MORTUARY LICENSE NUMBER: _____

18. TAX ID NUMBER: _____

PERSONAL HISTORY QUESTIONS IMPORTANT INSTRUCTIONS AND NOTICE

1. Please read the following questions carefully. Giving an incomplete or false answer is unprofessional conduct and may result in denial of your application or revocation of your license. See, 37-1-105, MCA.
2. You have a continuing duty to update the information you provide in your application and supplemental responses, including while your application is pending and after you are granted a license.
3. Upon submittal of your application form, for every “yes” answer provided, you will receive a request for specific information or documents associated with the question. Your application is not complete until staff receive all information requested.
4. “You” in these instructions and questions refers to individuals authorized to answer questions on behalf of the facility, organization, or entity applying for licensure and not personally to the individuals.

PERSONAL HISTORY QUESTIONS

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|---|-----|----|
| 1. Have you ever had any license, certificate, registration, or other privilege to serve as a volunteer or practice a profession denied, revoked, suspended, or restricted by a public or private local, state, federal, tribal, religious, or foreign authority? | Yes | No |
| 2. Have you ever surrendered a credential like those listed in number 1, in connection with or to avoid action by a public or private local, state, federal, tribal, religious, or foreign authority? | Yes | No |
| 3. Have you ever resigned to avoid discipline, been suspended, or been terminated from a volunteer or employment position? | Yes | No |
| 4. Have you ever been required to participate in a behavioral modification or assistance program in lieu of suspension or termination from a volunteer or employment position? | Yes | No |
| 5. Have you ever withdrawn an application for any professional license? | Yes | No |
| 6. As of the date of this application, are you aware of any pending complaint, investigation, or disciplinary action related to any professional license you hold? | Yes | No |
| 7. Are you under a current order that remains unsatisfied (e.g., fines unpaid, probation not concluded, conditions unmet?) | Yes | No |

Note on Questions 8 and 9: Applicants who disclose medical, physiological, mental, or psychological conditions or chemical substance use in Question 8 or 9 may qualify for participation in the Montana Professional Assistance Program. Please visit the board website for more information about this program. "Chemical substances" include alcohol, drugs, or medications, whether taken legally or illegally.

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| 8. Do you have any medical, physiological, mental, or psychological condition which in any way currently (within the last 6 months) impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? | Yes | No |
| 9. Do you currently (within the last 6 months) use one or more chemical substances in any way which impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? | Yes | No |

The following information is provided for Question 10 below:

A criminal conviction may not automatically bar you from receiving a license. For more information about how a criminal conviction may impact your application, consult the board or program website.

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| 10. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or sentence deferred or suspended as an adult or "juvenile convicted as an adult" in any state, federal, tribal, or foreign jurisdiction? | Yes | No |
| 11. Are you now subject to criminal prosecution or pending criminal charges? | Yes | No |
| 12. Have you ever been disciplined, censured, expelled, denied membership or asked to resign from a professional society or organization? | Yes | No |
| 13. Have you ever had a civil judgment entered against you in a lawsuit for incompetence, negligence, or malpractice in practicing any profession? | Yes | No |

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| 14. Have you ever been disqualified from working with children, elderly persons, mentally ill persons, or other vulnerable persons? | Yes | No |
| 15. Have you ever been placed on probation, restricted, reprimanded, suspended, revoked, resigned in lieu of action against you, or had other action taken against you by any hospital, clinic, health care facility, group medical practice, health maintenance organization, or third-party insurance provider, including Medicare and Medicaid? | Yes | No |
| 16. Are you currently on an exclusion list by the Office of Inspector General (OIG) for the U.S. Department of Health and Human Services prohibiting you from working in a facility receiving federal funding? | Yes | No |
| 17. Has your authority to prescribe, dispense, or administer drugs, including controlled substances, ever been denied, restricted, suspended, or revoked? | Yes | No |
| 18. Have you ever voluntarily surrendered or had your U.S. Drug Enforcement Administration registration placed on probation, restricted, suspended, or revoked? | Yes | No |

I authorize the release of information concerning education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Funeral Service. I hereby declare that the information included in this application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds.

I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

Signature of Applicant

Date

PLEASE REVIEW THE MONTANA LAWS AND RULES AT www.funeral.mt.gov

TEMPORARY PERMIT APPLICATION – BRANCH ESTABLISHMENT

Instructions

This section is to be completed and signed by the applicant. A temporary permit for purposes of an initial inspection per [ARM 24.147.904](#) and [24.147.403\(1\)\(c\)](#) will not be issued until this form has been signed and submitted along with the rest of the application documents and forms. Once a temporary permit has been issued the branch establishment may operate prior to the initial inspection.

I am applying for a temporary permit.

***Note: A branch establishment cannot operate until a temporary permit has been issued.**

Legal Signature of Applicant/Owner

Date

