

**MONTANA BOARD OF FUNERAL SERVICE**

P.O. Box 200513

301 South Park, 4<sup>th</sup> Floor

Helena, Montana 59620-0513

406-444-6880 FAX 406 841-2305

E-MAIL: [UnitA@mt.gov](mailto:UnitA@mt.gov) WEBSITE: [www.funeral.mt.gov](http://www.funeral.mt.gov)

**REQUEST TO CONVERT AN INACTIVE LICENSE TO ACTIVE STATUS  
CREMATORY OPERATOR**

A crematory operator whose license is currently inactive can request to reactivate that license by submitting this request form and paying the appropriate fee per.

**1. NAME**

\_\_\_\_\_

|      |       |        |
|------|-------|--------|
| Last | First | Middle |
|------|-------|--------|

**2. MAILING ADDRESS**

\_\_\_\_\_

|                  |             |     |
|------------------|-------------|-----|
| Street or PO Box | City, State | Zip |
|------------------|-------------|-----|

**3. E-MAIL ADDRESS**

**4. TELEPHONE**

\_\_\_\_\_

**5. LICENSE NUMBER** \_\_\_\_\_

**6. Have any legal or disciplinary actions been instituted against you since your last renewal?**

No

Yes

*If yes, attach copies of the document that initiated each action and all final orders. [37-1-105, MCA](#), requires that you report this information. Failure to accurately furnish the information is grounds for denial or revocation of your license.*

**Required Documents and Fee for Crematory Operator License Reactivation**

\$50 – crematory operator reactivation to active status

License verification(s) from all jurisdictions where applicant is licensed or has held a license during the inactive status period (contact the individual states for verification).

\_\_\_\_\_

Signature

\_\_\_\_\_

Date