

**OWNER INFORMATION AND DESIGNATION OF CREMATORY OPERATOR-IN-CHARGE – CREMATORY**

**Instructions**

This section is to be completed and signed by both the owner of the crematory and the person designated as the crematory operator-in-charge.

**Section 1 – Owner Information**

1. List all owners of the crematory. If the business is owned by a corporation, list all the officers.

Legal Name	Primary Phone Number	Social Security Number	MT License Number(s) *if applicable

**Section 2 – Designate Crematory Operator-in-Charge**

\*In order to operate, a crematory must have a designated crematory operator-in-charge who is licensed in Montana.\*

7. Crematory Operator-in-Charge Full Name: \_\_\_\_\_  
First Middle Last

8. Montana Crematory Operator License Number: \_\_\_\_\_

**Section 3 – Declaration**

I, the owner of this crematory designate the licensee in Section 2 as the crematory operator-in-charge of this crematory.

\_\_\_\_\_  
Legal Signature of Applicant/Owner Date

I, an actively licensed crematory operator in the State of Montana accept the designation as crematory operator-in-charge of this crematory.

\_\_\_\_\_  
Legal Signature of Crematory Operator-in-Charge Date