

NOTICE OF CHANGE OF ADDRESS/RELOCATION – CREMATORY

Instructions

This section must be completed and signed by the applicant. This section is only for an existing crematory that is closing a physical location and transferring that license to a different location per [ARM 24.147.1102\(2\)](#). Applicants for new crematories or crematories with a change in ownership do not need complete this section. Note: The new location will not be licensed to operate until a temporary license is issued so an initial inspection of the new location can be conducted.

Section 1 – Applicant Information

1. Name(s) of Applicant: _____
2. Name of Crematory: _____
3. Crematory License Number to be Transferred: _____

Section 2 – Information for Location that is being Closed

7. Physical Address of Closing Location: _____
8. Date of Termination of Services at Closing Location: _____

Section 3 – Information for New Location

7. Physical Address of New Location: _____

Legal Signature of Applicant/Owner

Date