NOTICE OF CHANGE OF OWNERSHIP - MORTUARY

Instructions

This section must be completed and signed by <u>both</u> the applicant/owner and previous owner per the requirements in <u>ARM 24.147.403(2)</u>. This section is only for existing mortuaries with a change in ownership. Applicants for new mortuaries or transfers of existing mortuaries do not need to complete this section.

| Section 1 – Previous Owner Information | | | |
|--|--|--------------------------|--|
| 1. | Full Name(s) of Previous Owner: | | |
| 2. | Name of Mortuary under Previous Owner: | | |
| 3. | Previous Mortuary License Number: | | |
| 4. | Date previous owner plans to relinquish ownership of mortuary:*Note: Per ARM 24.147.903, when there is a change in ownership the existing license is void. | | |
| Section 2 – Applicant Information | | | |
| 5. | Date applicant plans to acquire ownership of mortuary:*Note: Per ARM 24.147.903, when there is a change in ownership the existing license is void and a new | license must be obtained | |
| 6. | Notice of Change in Ownership in Newspaper | | |
| | Name of Newspaper: | | |
| | Dates of Publication: (e.g. 8/1/17 through 8/7/17) | | |
| | Notice of the change in ownership been published for a one-week period in new circulation in the county in which the mortuary is located per the requirements in Included with this application is proof of publication. | | |
| l, t | ection 3 – Declaration he previous owner of this mortuary relinquish the license per ARM 24.147.903 and as this form. | described in Section 1 | |
| Legal Signature of Previous Owner | | Date | |
| | I, the applicant and owner of this mortuary have fulfilled the requirements as described in <u>ARM 24.147.403(2)</u> and <u>24.147.903(2)</u> and Section 2 of this form. | | |
| Leg | gal Signature of Applicant/Owner | Date | |