

NOTICE OF CHANGE OF ADDRESS/RELOCATION – MORTUARY

Instructions

This section must be completed and signed by the applicant/owner relocating to a new location. This section is only for an existing mortuary that is closing a physical location and transferring that license to a different location per [ARM 24.147.403\(3\)](#). Applicants for new mortuaries or mortuaries with a change in ownership do not need complete this section. Note: The new location cannot operate until a temporary permit is issued and is not fully licensed until the inspection is passed at the new location.

Section 1 – Applicant Information

1. Name(s) of Applicant: _____
2. Name of Mortuary: _____
3. Mortuary 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