



Montana Department of  
**LABOR & INDUSTRY**

**Montana Board of Funeral Service**

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**NOTICE OF CHANGE OF OWNERSHIP-CREMATORY**

**Instructions**

This section is to be completed and signed by both the applicant and previous owner per the requirements in [ARM 24.147.1101\(2\)](#). This section is only for existing crematories with a change in ownership. Applicants for new crematories or transfers of existing crematories do not need complete this section.

**Section 1 – Previous Owner Information**

1. Full Name(s) of Previous Owner: \_\_\_\_\_
2. Name of Crematory under Previous Owner: \_\_\_\_\_
3. Previous Crematory License Number: \_\_\_\_\_
4. Date Previous Owner Relinquishes Ownership of Crematory: \_\_\_\_\_  
\*Note: When there is a change in ownership the existing license is void.

**Section 2 – Applicant Information**

5. Date Applicant Acquires Ownership of Crematory: \_\_\_\_\_  
\*Note: 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)

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Notice of the change in ownership been published for a one-week period in newspaper of general circulation in the county in which the crematory is located per the requirements in [ARM 24.147.903\(2\)](#). Included is proof of publication.

**Section 3 – Declaration**

I, the previous owner of this crematory relinquish the license per [ARM 24.147.1102\(2\)](#) and as described in Section 1 of this form.

\_\_\_\_\_  
Legal Signature of Previous Owner

\_\_\_\_\_  
Date

I, the applicant and owner of this crematory have fulfilled the requirements as described in [ARM 24.147.1102\(2\)](#) and Section 2 of this form.

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

\_\_\_\_\_  
Date