

**OWNER INFORMATION AND DESIGNATION OF MORTICIAN-IN-CHARGE – MORTUARY BRANCH ESTABLISHMENT**

**Instructions**

This section is to be completed and signed by both the owner of the mortuary branch establishment and the person designated as the mortician-in-charge.

**Section 1 – Owner Information**

1. List all owners of the mortuary. 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 Mortician-in-Charge**

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

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

8. Montana Mortician License Number: \_\_\_\_\_

**Section 3 – Declaration**

I, the owner of this mortuary branch establishment designate the licensee in Section 2 as the mortician-in-charge of this mortuary branch establishment.

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

I, an actively licensed mortician in the State of Montana accept the designation as mortician-in-charge of this mortuary branch establishment.

\_\_\_\_\_  
 Legal Signature of Mortician-in-Charge Date