



**Montana Board of Funeral Service**

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**CHANGE OF MORTICIAN-IN-CHARGE –  
OWNER & NEW MORTICIAN-IN-CHARGE CHANGE FORM**

**Instructions**

In order to operate, a mortuary or branch establishment must have a designated mortician-in-charge who is licensed in Montana ([ARM 24.147.901\(1\)\(b\)](#), [37-19-402\(1\)](#), MCA) . The board must be notified within ten days of any change in the mortician-in-charge by both the mortuary and the previous mortician-in-charge per [ARM 24.147.409](#).

This form must be submitted by the owner of the mortuary or branch establishment which is designating a new mortician-in-charge.

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**Section 1 – Owner and Facility Information**

1. Owner Name(s): \_\_\_\_\_
2. Business Name: \_\_\_\_\_
3. Mortuary or Branch Establishment DBA: \_\_\_\_\_  
\*If different than business name\*
4. Business Physical Address: \_\_\_\_\_
5. Business Address: \_\_\_\_\_  
\*Mailing address, if different than physical address\*
6. Business Email Address: \_\_\_\_\_
7. Telephone: \_\_\_\_\_  

BusinessCell
8. Mortuary or Branch Establishment License Number: \_\_\_\_\_

**Section 2 – Previous Mortician-in-Charge Information**

9. Previous Mortician-in-Charge Name: \_\_\_\_\_
10. Previous Mortician-in-Charge License Number: \_\_\_\_\_
11. Effective Date of Change of Mortician-in-Charge: \_\_\_\_\_  
\*i.e. date licensee ceased to be the designated mortician-in-charge\*

**Section 3 – New Mortician-in-Charge Information**

12. New Mortician-in-Charge Name: \_\_\_\_\_
13. New Mortician-in-Charge License Number: \_\_\_\_\_



14. Effective Date of Change of Mortician-in-Charge: \_\_\_\_\_

\*i.e. date licensee was designated the mortician-in-charge\*

#### **Section 4 – Declaration**

I, the owner of this mortuary or branch establishment as described in Section 1, declare that the licensee described in Section 2 is no longer designated mortician-in-charge of this mortuary or branch establishment as of the effective date stated in Section 2. The licensee described in Section 3 is designated as the mortician-in-charge as of the effective date stated in Section 3.

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

\_\_\_\_\_  
Date

I, the mortician as described in Section 3 accept the designation as mortician-in-charge of this mortuary or branch establishment as of the date stated in Section 3.

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

\_\_\_\_\_  
Date