OWNER INFORMATION AND DESIGNATION OF MORTICIAN-IN-CHARGE – MORTUARY

Instructions
This section is to be completed and signed by both the owner of the mortuary 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 designate the licensee in Section 2 as the mortician-in-charge of this mortuary.

_____ _____
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.

_____ _____
Legal Signature of Mortician-in-Charge Date