

Does Manager have Employment Contract with owner? (If yes, attach a copy of contract) Yes No

Is the New Manager presently managing any other Funeral Home? Yes No

Name of Previous Manager

Change of Name

Funeral Establishment New Name (if no name change please leave blank)

Funeral Establishment Address

City	State	ZIP Code
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Establishment E-mail Address	Establishment Telephone Number ()
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Funeral Home Previous Name	License Number 45-02-
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Affidavit

I certify that the statements in this application are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my certificate, disciplinary action, or may be punishable by law. I authorize the Department of Licensing and Regulatory Affairs and its agents to investigate any statements made in the application, including civil and administrative records.

Establishment Owner's Signature _____ Date _____

New Manager's Signature (if applicable) _____ Date _____