



APPLICATION FOR FUNERAL ESTABLISHMENT CHANGE OF MANAGER

Authority: 1980 PA 299

Penalty: FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DENIAL OF THE APPLICATION AND/OR DISCIPLINARY ACTION.

Establishment Name		License Number of Establishment	
Establishment Address	City	State	Zip Code
Telephone Number	E-mail Address		
Name of Manager		License Number of Manager	
<p>Does the manager reside within 75 miles from the funeral establishment?</p> <p style="margin-left: 40px;">Yes No</p>			
<p>Required Additional Documents</p> <ul style="list-style-type: none"> If you are applying to be a manager of two funeral establishments, you must submit a Waiver Request with this application. 			
<p>Certification</p> <p>I certify that the statements in this document are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law.</p>			
<p>_____</p> <p>Signature</p>		<p>_____</p> <p>Date</p>	
FEE PAYMENT INFORMATION	FOR OFFICE USE ONLY		FOR OFFICE USE ONLY
Change of Manager	\$ 10.00	4502-32	License Number
		Approved By:	Date Approved:
<p>Make your check or money order in U.S. Currency payable to:</p> <p style="text-align: center;">STATE OF MICHIGAN</p>			
<p>FEES ARE AUTHORIZED BY THE STATE LICENSE FEE ACT, 1979 PA 152, AND ARE NOT REFUNDABLE.</p>			