



APPLICATION FOR FUNERAL ESTABLISHMENT CHANGE OF NAME

Authority: 1980 PA 299

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

Current Establishment Name		License Number	
Establishment Address	City	State	Zip Code
Telephone Number	E-mail Address		

Proposed Establishment Name

Required Additional Documents:

- Submit Entity Documents (Articles of Incorporation, Articles of Organization) showing the entity has been amended. If a sole proprietorship or partnership, provide copy of Assumed Name Certificate (DBA) issued from your County Clerk's Office showing the entity has been amended.
- If the funeral establishment will be conducting business in a name other than the corporation name, attach a copy of the filed Certificate of Assumed Name.

If the company is a newly formed business entity, a new funeral establishment application must be submitted.

Certification

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.

 Signature

 Date

FEE PAYMENT INFORMATION	FOR OFFICE USE ONLY	FOR OFFICE USE ONLY	
Change of Name	\$ 10.00	4502-32	
		License Number	
		Approved By:	Date Approved:

Make your check or money order in U.S. Currency payable to:

STATE OF MICHIGAN

FEES ARE AUTHORIZED BY THE STATE LICENSE FEE ACT, 1979 PA 152, AND ARE NOT REFUNDABLE.