



REQUEST FOR NAME AND/OR ADDRESS UPDATE

AUTHORITY: 2004 PA 403 & 1980 PA 299

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

Name on Current License (including d/b/a, if applicable)		License Number	
New Name Requested (including d/b/a, if applicable)			
New Address Requested		City, State and Zip Code	
Phone		Email Address	
_____ Signature		_____ Date	
FEE PAYMENT INFORMATION - \$10.00 for each request.		*Locations which require an inspection CANNOT change their address, a license application for the new location must be submitted.	
LICENSE TYPE - CHECK ALL THAT APPLY		FOR OFFICE USE ONLY	
<div>Mortuary Science - Funeral Director/Trainee 4501-32</div> <div>Mortuary Science - Funeral Homes* 4502-32 (name change only)</div> <div>Mortuary Science - Courtesy License 4503-32</div>		License Number:	
		Approved By:	Date Approved:
Make your check or money order in U.S. Currency payable to:			
STATE OF MICHIGAN			
FEES ARE AUTHORIZED UNDER 2004 PA 403 & 1980 PA 299 AND ARE NOT REFUNDABLE			