



MORTUARY SCIENCE LICENSEE REQUEST FOR NAME AND/OR ADDRESS CHANGE

AUTHORITY: 1980 PA 299
 PENALTY: FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DENIAL OF THE APPLICATION AND/OR DISCIPLINARY ACTION.

Name on Current License		License Number					
New Name Requested							
Address on Current License		City, State and Zip Code					
New Address Requested*		City, State and Zip Code					
Phone		Email Address					
*Please Note: A manager of a Funeral Establishment must reside within 75 miles of the Funeral Establishment.							
Required Additional Documents:							
<ul style="list-style-type: none"> • Please provide documentation for legal name change. 							
<hr style="width: 80%; margin: 0 auto;"/> Signature		<hr style="width: 80%; margin: 0 auto;"/> Date					
FEE PAYMENT INFORMATION		FOR OFFICE USE ONLY					
LICENSE TYPE		License Number:					
Mortuary Science or Trainee	\$10.00	4501-32	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Approved By:</td> <td style="width: 50%;">Date Approved:</td> </tr> <tr> <td style="height: 30px;"> </td> <td> </td> </tr> </table>	Approved By:	Date Approved:		
Approved By:	Date Approved:						
Mortuary Science Courtesy	\$10.00	4503-32					
Make your check or money order in U.S. Currency payable to: <p style="text-align: center;">STATE OF MICHIGAN</p>							
FEES ARE AUTHORIZED BY THE STATE LICENSE FEE ACT, 1979 PA 152, AND ARE NOT REFUNDABLE.							