



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.

Please mail the completed form to the address in the upper right hand corner of this form along with a check or money order made payable to the "State of Michigan" in the amount of \$10.00.

Establishment Name		License Number of Establishment	
Establishment Address		City	State
Telephone Number		E-mail Address	
Name of Manager		License Number of Manager	
Does the manager reside within 75 miles from the funeral establishment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Required Additional Document ● If you are applying to be a manager of two funeral establishments, you must submit a Waiver Request with this application.			
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	
Change of Manager \$ 10.00		License Number 4502-32	
		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.			