



New Jersey Office of the Attorney General

Division of Consumer Affairs
State Board of Mortuary Science of New Jersey
124 Halsey Street, 6th Floor, P.O. Box 45009
Newark, New Jersey 07101
(973) 504-6425

For Office Use Only
Permit No.
Date received

Application for Funeral Home Registration Name Change

All questions must be answered by the applicant except where indicated.
New firm name registration fee: \$40.00

Please print clearly.

Date

Application is hereby made to register a new establishment name for:

Old name License No.

1a. New name under which the establishment is conducted and the address:

New name
Street address
City County ZIP code
Telephone number (include area code) E-mail address:

b. Type of ownership: (Check the one that applies.)

- Individual Partnership
Individual-Trade name Partnership-Trade name
Corporation Estate
Corporation-Fictitious name Limited Liability Company
Other (Explain)

c. List below the name and address of every individual in whom ownership is vested (corporations excluded).

Table with 2 columns: Full name of owner, Home address. Rows 1, 2, 3.

d. If the new name above is a corporation or trade name, please list the State or Federal Tax Identification number:

Number

2a. Provide the name and license number of the licensed manager or licensee-in-charge of this establishment:

\_\_\_\_\_

Manager/Licensee

\_\_\_\_\_

License number

b. If you are managing more than one funeral home, list below the name, license number and address of each.

Funeral home name	Funeral home address
1. _____	_____
License No. _____	_____
2. _____	_____
License No. _____	_____
3. _____	_____
License No. _____	_____

c. Provide the name of every licensed employee.

_____	_____
_____	_____
_____	_____

d. Provide the name of every trainee and unlicensed employee and the hours each of them work per week.

Name	Home address	Hours per week
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**To be answered by corporate applicants only.**

3a. Exact name of the corporation \_\_\_\_\_

b. Name and address of the registered agent of the corporation.

Name	Street address	City	State	ZIP code
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c. Date of incorporation \_\_\_\_\_

d. Names of all officers and, in addition, the owners of 5% or more of stock:

Name	Percentage
President _____	_____
Vice President _____	_____
Secretary _____	_____
Treasurer _____	_____
Other _____	_____

e. Has there been a change in the list of corporate officers in the past year?  Yes  No

f. State the amount of common stock issued \_\_\_\_\_

g. State the amount of preferred stock issued \_\_\_\_\_

The answers and statements made in this form are true and correct to the best of my knowledge and belief. I agree to display the Certificate of Registration and understand that the Certificate is not transferrable. I am familiar with the provisions of Chapter 184, Law of 1960, and the Rules and Regulations of the Board.

\_\_\_\_\_  
Signature of licensee/manager-in-charge of establishment