

## STATE BOARD OF FUNERAL DIRECTORS

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 State Board of Funeral Directors  
 PO Box 2649  
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 State Board of Funeral Directors  
 2601 North Third Street  
 Harrisburg, PA 17110

### APPLICATION FOR CHANGE OF NAME OR LOCATION FOR FUNERAL ESTABLISHMENTS

**FEE: APPLICATION FEES ARE NON-REFUNDABLE. CHECK OR MONEY ORDER ONLY, MADE PAYABLE TO THE "COMMONWEALTH OF PENNSYLVANIA." THERE IS A \$20.00 CHARGE FOR ALL CHECKS RETURNED "NOT PAID" REGARDLESS OF THE REASON FOR NON-PAYMENT.**

<input type="checkbox"/>	<b>CHANGE OF LOCATION</b>	<b>\$125.00 (INSPECTION IS REQUIRED)</b>
<input type="checkbox"/>	<b>CHANGE OF NAME</b>	<b>\$35.00 (NO INSPECTION REQUIRED)</b> + <b>\$5.00 (FOR EACH FUNERAL DIRECTOR LICENSE DISPLAYED IN THE FUNERAL ESTABLISHMENT INCLUDING SUPERVISOR)</b>

**PLEASE PROVIDE THE CURRENT LICENSE NUMBER OF THE FUNERAL ESTABLISHMENT:**

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**SECTION 1:**

**PLEASE PROVIDE THE FOLLOWING NEW INFORMATION FOR THE FUNERAL ESTABLISHMENT AS YOU WISH IT TO BE LICENSED. IF THE SUPERVISOR HAS CHANGED, YOU MUST SUBMIT A CHANGE OF SUPERVISOR APPLICATION.**

<b>FUNERAL HOME NAME:</b>	
<b>FUNERAL HOME ADDRESS:</b>	
<b>TELEPHONE NUMBER:</b>	
<b>SUPERVISOR NAME:</b>	
<b>SUPERVISOR LICENSE NUMBER:</b>	



**SECTION 2:**

LIST THE NAMES AND LICENSE NUMBERS OF THE FUNERAL DIRECTORS WORKING AT THIS LOCATION WHO INTEND TO HANG THEIR LICENSE AT THIS LOCATION. DO NOT LIST FUNERAL DIRECTORS WHO PRIMARILY WORK AT ANOTHER LOCATION AND HANG THEIR LICENSE AT ANOTHER LOCATION. PLEASE LIST SUPERVISOR FIRST.

NAME	LICENSE NUMBER
, SUPERVISOR	

**SECTION 3:**

IF FUNERAL ESTABLISHMENT IS A CORPORATION PLEASE PROVIDE THE FOLLOWING INFORMATION REGARDING THE SHAREHOLDERS AND THEIR RELATIONSHIP TO THE FUNERAL DIRECTOR(S) OWNER(S).

NAME	RELATIONSHIP	NUMBER OF SHARES	CLASS, IF ANY OF SHARES

**SECTION 4:**

**STATEMENT OF RIGHT TO OCCUPY PREMISES**

I, \_\_\_\_\_, OWN THE PREMISES AT  
(name(s) of person(s) who will own the property where this license will be displayed)

AND THAT \_\_\_\_\_  
(name of the funeral establishment as listed in Section 1 of this application)

HAS THE RIGHT TO OCCUPY THE PREMISES FOR THE PURPOSE OF CONDUCTING THE PRACTICE OF  
FUNERAL DIRECTING.

\_\_\_\_\_  
SIGNATURE OF OWNER

\_\_\_\_\_  
DATE



**SECTION 5: CERTIFICATION STATEMENT**

BY SIGNING BELOW, I VERIFY THAT THIS FORM IS IN THE ORIGINAL FORMAT AS SUPPLIED BY THE DEPARTMENT OF STATE AND HAS NOT BEEN ALTERED OR OTHERWISE MODIFIED IN ANY WAY. I AM AWARE OF THE CRIMINAL PENALTIES FOR TAMPERING WITH PUBLIC RECORDS OR INFORMATION PURSUANT TO 18 Pa. C.S.§49.11.

ADDITIONALLY, I CERTIFY THAT THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF, AND THAT I AM OF GOOD MORAL CHARACTER. I UNDERSTAND THAT ANY FALSE STATEMENT MADE IS SUBJECT TO THE PENALTIES OF 18 Pa. C.S.§4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES AND MAY RESULT IN THE SUSPENSION OR REVOCATION OF MY LICENSE OR CERTIFICATE.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**SECTION 6:**

PURSUANT TO §13.91 OF THE REGULATIONS, SUBMIT THE FOLLOWING:

	ITEM	CHECK IF ENCLOSED
1	PROPOSED FUNERAL ESTABLISHMENT LETTERHEAD. LOCATION MUST BE LISTED AND THE NAME OF THE FUNERAL SUPERVISOR MUST BE IDENTIFIED. <i>EXAMPLE: JOHN DOE, SUPERVISOR</i>	
2	PROPOSED STATEMENT OF GOODS AND SERVICES. LOCATION MUST BE LISTED AND THE NAME OF THE FUNERAL SUPERVISOR MUST BE IDENTIFIED. <i>EXAMPLE: JOHN DOE, SUPERVISOR</i>	
3	A NOTARIZED COPY OF YOUR WRITTEN REQUEST TO THE TELEPHONE COMPANY FOR YOUR NEW LISTING. THE FUNERAL SUPERVISOR MUST BE IDENTIFIED. <i>EXAMPLE: JOHN DOE, SUPERVISOR</i>	
4	APPLICATION FOR THE FUNERAL SUPERVISOR, IF APPLICABLE.	
5	TIME STAMPED OR CERTIFIED COPY OF AMENDED ARTICLES OF INCORPORATION, IF APPLICABLE.	
6	COPY OF NAME APPROVAL LETTER, IF FUNERAL ESTABLISHMENT IS LICENSED AS A CORPORATION AND IS CHANGING THE NAME OF THE ESTABLISHMENT	
7	ARE YOU READY FOR INSPECTION? (PLEASE CIRCLE) YES OR NO IF NO, GIVE DATE WHEN YOU WILL BE READY _____	