

Office use only:
0635 41701 \$25.00

Oregon Mortuary and Cemetery Board
800 NE Oregon Street, Suite 430
Portland OR 97232-2195

www.oregon.gov/MortCem
971-673-1507 phone
971-673-1501 fax

INDIVIDUAL'S CHANGE OF ADDRESS FORM

This form may be duplicated.

Please Print Legibly or Type:

Name as it appears in Board records: _____

Type of License and License #: _____

If you are an active apprentice, you must submit a Transfer of Apprenticeship form and reissue fee(s).

New Employer Work Address: _____

Licensed Facility Name

Facility's Mailing Address

City, State and Zip Code

New Residential Address: _____

Address

City, State and Zip Code

Telephone Number

Cell Phone Number

Email Address: _____

New Mailing Address: _____

Address

City, State and Zip Code

Address to be printed on license (please check one): Home Mailing Facility *

Note that all Board correspondence will be mailed to the address printed on license.

* The mailing address on file for this facility will be used.

Would you like your license re-printed? Yes No If Yes, enclose \$25 fee per license.

Signature Required: _____

Date: _____