

No fee required.

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

FACILITY'S CHANGE OF ADDRESS FORM

This form may be duplicated.

Please Print Legibly or Type:

Facility Name as it appears on License: _____

Facility License #: _____

New Location of Death Care Records: _____
print name of person and / or facility in possession of records

street (do not list a post office box)

city, state, zip

records telephone

Facility's New Mailing Address: _____
print contact name

city, state, zip

telephone fax

Owner's New Mailing Address: _____
print contact name

Licensed owner name as identified on facility license.

city, state, zip

telephone fax

Email Address: _____

Do not use this form for changing the facility's physical location (submit a location change application).

Print name and title of duly authorized person: _____ Date: _____

Signature of duly authorized person: _____