

Oregon Mortuary and Cemetery Board  
800 NE Oregon Street, Suite 430  
Portland, OR 97232-2195  
971-673-1507 / 971-673-1501 fax  
[www.oregon.gov/MortCem](http://www.oregon.gov/MortCem)

## **NAME CHANGE APPLICATION, FACILITY INSTRUCTIONS**

In no event shall a funeral establishment, immediate disposition company, crematory or cemetery be operated without the appropriate license or certificate of authority to operate. All licensed facilities are subject to the inspection and approval of the Board. OAR 830-040-0040.

No licensed facility shall be advertised or operated without the appropriate license or certification. Each licensed facility advertising through any media (including but not limited to telephone books, newspapers, direct mail, bill boards, etc.) shall include either the licensed facility's registered name, or its assumed business name and physical address as it appears on the Board's records. All printed materials and letterhead shall include the physical location of the facility. OAR 830-040-0050

Each licensed facility must be registered with the Board by its true corporate, firm or individual name. In addition, one assumed business name (ABN), as registered with the Corporation Division, may be used by each licensed facility. OAR 830-040-0030. You are not required to register an ABN with the Corporation Division. However:

- a. If you do not have an ABN, you must use only your true individual or firm name or your business entity name, exactly as registered with the Board and the Corporation Division.
- b. "Real and true name" means the surname of an individual coupled with a combination of the individual's given names and initials, or the corporate name of a domestic corporation stated in the articles of incorporation or amendment filed with the Office of the Secretary of State or the corporate name of a foreign corporation as stated under ORS 60.707 (1)

ORS 648.007(1) provides that no person or business entity shall carry on, conduct or transact business under an assumed business name unless the person or the business entity has registered the assumed business name.

Entity includes a foreign or domestic corporation, foreign or domestic nonprofit corporation, foreign or domestic profit or nonprofit unincorporated association, foreign or domestic business trust, foreign or domestic estate, foreign or domestic limited partnership, foreign or domestic general partnership, foreign or domestic limited liability company, foreign or domestic business trust, two or more persons having a joint or common economic interest, any state, the United States or any foreign government.

- c. The facility name must contain words that identify the kind of business or activity in which the licensed facility is engaged, i.e.: funeral establishment, immediate disposition company, cemetery or crematory. OAR 830-040-0000 (3). If the true name or business entity name does not contain such identifying words, you must register an ABN that does. This identifying name, exactly as registered with the Board and the Corporation Division, must be used as the advertised name. The Board allows the use of words other than funeral, immediate disposition, cemetery or crematory in facility names to convey the nature of the business activity - when alternative words are commonly understood to have the same meaning.

### **Fee:**

License, certificate and registration reissue fees: name change, \$25

**Forms are available upon request or on the website: [www.oregon.gov/MortCem](http://www.oregon.gov/MortCem)**

Office use only:  
0620 41701 \$25.00

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## NAME CHANGE APPLICATION, FACILITY

### Current Information:

Current Facility License:	_____
	Licensed name and number as identified on certificate or license.
Current Licensed Owner(s):	_____
	Licensed owner name as identified on certificate or license (Level 1 Owner)
	_____
	Licensed owner name as identified on certificate or license (Level 2 Owner)
	_____
	Licensed owner name as identified on certificate or license (Level 3 Owner)
	_____
	Licensed owner name as identified on certificate or license (Level 4 Owner)
	_____
	Licensed owner name as identified on certificate or license (Level 5 Owner)

### New Information:

<b>Proposed Change(s)</b>	
Proposed Facility Name:	_____
	Print proposed name of facility

New Owner Name:	_____
	Print name of owner's true corporate, firm or individual name.
If Name Change is for one of the Facility's Owners, provide Owner Level:	_____

Facility Contact Name and Phone Number:	_____
	contact for information about change phone

Authorized Signature:	_____
	print name and title of duly authorized person
	_____
	signature of duly authorized person date