

**Office use only:**  
0635 41701 \$25.00 (if printing license)

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

## ADDRESS and or NAME CHANGE FORM

Name as it appears in Board records: \_\_\_\_\_

**Name Change** (must be accompanied by proof of name change, i.e. driver's license, marriage certificate)

New Full Name: \_\_\_\_\_ Proof Attached:  Driver's License  Marriage Certificate

Name to be printed on license: \_\_\_\_\_

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

Home Telephone Number

Cell Phone Number

Email Address(es): \_\_\_\_\_

New Mailing Address: \_\_\_\_\_

Address

City, State and Zip Code

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

**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.

Signature Required: \_\_\_\_\_ Date: \_\_\_\_\_