Name Change Fee: $45.00

MCB
OREGON MORTUARY & CEMETERY BOARD
Regulating Death Care Facilities & Practitioners in Oregon.

800 NE Oregon Street, Suite 430
Portland OR 97232-2195
www.oregon.gov/omcb
mortuary.board@omcb.oregon.gov
phone: 971-673-1507
fax: 971-673-1501

FACILITY NAME CHANGE

CURRENT FACILITY INFORMATION:

Facility Name: _____ License Number: _____
name as registered with board

Physical Location: _____
street address

_____
city, state, zip

_____ _____
on site telephone on site fax

_____
primary e-mail

NEW INFORMATION:

Proposed Facility Name: _____
name to be registered with the board

FACILITY CONTACT:

Name: _____ Title: _____

Telephone: _____ e-mail:_____

I, _____, certify that I am a duly authorized officer or agent of the
(print name and title of duly authorized person)
above-named facility owner and that all information on this form and any attachments is true and correct. I understand that making false or misleading statements in applying to the Board for licensure is cause for disciplinary action under OAR 830-050-0050(2) and ORS 692.180(1)(a).

Sign: _____
Date: _____

- **LICENSES ISSUED UNDER ORS 692.146 AND 692.275 ARE NOT TRANSFERABLE.**
- **THIS APPLICATION IS NOT A LICENSE TO OPERATE.**
- **A FACILITY CANNOT OPERATE UNDER THE PROPOSED BUSINESS NAME UNTIL TEMPORARY AUTHORITY TO OPERATE IS RECEIVED FROM OMCB.**

- **Once application and payment have been received and reviewed by OMCB staff, a facility inspection will be scheduled.**
- **After the inspection process is complete, temporary authority to operate will be issued.**
- **Formal approval to operate will be granted at a regularly scheduled board meeting.**

In accordance with
Oregon Revised Statutes & **Oregon Administrative Rule**:

NAME REGISTERED WITH BOARD

OAR 830-040-0000

(3) The Board may refuse to allow use of any facility name that is misleading as to the nature of the facility's purpose.
(4) When a person, firm, partnership or corporation applies to the Board for a facility license, the name on the application must identify the primary activity of the facility. This name must be the registered name with the Board and must also be used as the advertised name of the facility.
(5) Each licensed facility must provide the Board with its true corporate, firm or individual name. Applications for all licensed facilities must be made on the most current application and specify the names of all principals. If the principal is a corporation, the application must include the names of all principals of that corporation.

OAR 830-040-0030

Each licensed facility shall be registered with the State Mortuary and Cemetery Board by its true corporate, firm or individual name. In addition, one assumed business name, as registered with the Secretary of State Corporation Division, may be used by such licensed facility and shall be promptly reported to the Board.

ADVERTISING

OAR 830-040-0050

(1) Any licensed facility advertising through any media (including but not limited to telephone books, newspapers, direct mail, bill boards, etc.) must include the licensed facility's registered name and physical address as it appears on the Board's records.
(2) No person, firm or corporation may advertise, promote, or market at need or preneed funeral arrangements without first having received a license from the Board.