



Montana Board of Funeral Service

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CHANGE OF CREMATORY OPERATOR-IN-CHARGE – OWNER & NEW CREMATORY OPERATOR-IN-CHARGE CHANGE FORM

Instructions

In order to operate, a crematory must have a designated crematory operator-in-charge who is licensed in Montana (ARM 24.147.1101(1)(b), 37-19-702(3), MCA). The board must be notified within ten days of any change in the designated crematory operator-in-charge by both the crematory and the previous crematory operator-in-charge per ARM 24.147.409.

This form must be submitted by the owner of the crematory which is designating a new crematory operator-in-charge.

Section 1 – Owner and Facility Information

- 1. Owner Name(s):
2. Business Name:
3. Crematory DBA:
4. Business Physical Address:
5. Business Address:
6. Business Email Address:
7. Telephone:
8. Crematory License Number:

Section 2 – Previous Crematory Operator-in-Charge Information

- 9. Previous Crematory Operator-in-Charge Name:
10. Previous Crematory Operator-in-Charge License Number:
11. Effective Date of Change of Crematory Operator-in-Charge:

**Section 3 – New Crematory Operator-in-Charge Information**

12. New Crematory Operator-in-Charge Name: \_\_\_\_\_

13. New Crematory Operator-in-Charge License Number: \_\_\_\_\_

14. Effective Date of Change of Crematory Operator-in-Charge: \_\_\_\_\_  
\*i.e. date licensee was designated the crematory operator-in-change\*

**Section 4 – Declaration**

I, the owner of this crematory as described in Section 1, declare that the licensee described in Section 2 is no longer designated crematory operator-in-charge of this crematory as of the effective date stated in Section 2. The licensee described in Section 3 is designated as the crematory operator-in-charge as of the effective date stated in Section 3.

\_\_\_\_\_  
Legal Signature of Owner

\_\_\_\_\_  
Date

I, the crematory operator as described in Section 3 accept the designation as crematory operator-in-charge of this crematory as of the date stated in Section 3.

\_\_\_\_\_  
Legal Signature of New Crematory Operator-in-Charge

\_\_\_\_\_  
Date

