

State of Nevada FUNERAL AND CEMETERY SERVICES BOARD

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Notice of Name Change for Funeral Establishment

Information

Any funeral establishment requesting to change the name under which they conduct business, shall complete this form, attach fictitious firm name filing and submit all documents with a \$75 fee to reissue the permit. This request shall be reviewed by the Board during a public meeting. Please note that if there have been any changes in ownership, this form cannot be used.

| Current Establishment Details | | | | | |
|---|-------------|--|-----------------|------------|--|
| Name under which the establishment currently conducts business : | | | Lice | License #: | |
| Street address: | | | | | |
| City: | State: | | Zip Code: | | |
| Phone number: | Fax number: | | E-mail address: | | |
| , | | Type of ownership: Sole proprietorship LLC Partnership | | | |
| Name of funeral director currently approved to manage this establishment: FD License#: | | | | | |
| Name Change Details | | | | | |
| New name under which the establishment proposes to conduct business: | | | | | |
| Name on State of Nevada Business License: | | State of Nevada Business License Number: | | | |
| Have there been any changes in ownership? Will the establishment comply with NRS 602.010 regarding filing a fictitious firm name? Will the establishment update all state and local business licenses and/or permits? Yes No No Date establishment will officially begin operating under the new name: | | | | | |
| | | | | | |
| Signature of establishment representative Date | | | | | |
| Print Name | | | | | |
| For Board use only Date Received: Amount Paid: Check Number: Board Approved: | | | | | |