



STATE OF NEVADA
FUNERAL AND CEMETERY SERVICES BOARD

3740 Lakeside Drive, Suite 201, Reno, Nevada 89509
Phone (775) 825-5535 * Fax (775) 507-4102
Email: nvfuneralboard@fb.nv.gov * Website: <http://funeral.nv.gov/>

Notice of Change in Location of Funeral Establishment

Information

Any funeral establishment relocating to another address must complete this form at least 30 days prior to changing the location and submit with a check payable to the "Nevada Funeral and Cemetery Services Board" in the amount of \$225. The Board will inspect the establishment within 30 days of submission.

Current Location Details

Name of Funeral Establishment as shown on permit:

Current street address:

City:

State:

Zip Code:

Phone Number:

E-mail Address:

Proposed New Location Details

Proposed new street address:

City:

State:

Zip Code:

Phone Number:

E-mail Address:

Proposed New Location Mailing Address

New mailing address:

City:

State:

Zip Code:

Managing Funeral Director Information

Name of Funeral Director who will manage this location:

FD License #:

Official Operating Date

Projected date establishment will officially begin operating at new location:

Notice of Change in Location of Funeral Establishment

Declaration of Applicant

I hereby declare under penalty of perjury, that all of the information supplied herein is to the best of my knowledge true, accurate and complete and I have not withheld, misrepresented, or falsely stated any information relevant to this application.

Signature of Applicant

Date

Print Name

Credit Card Payment Information

Payment Method



Authorized Amount:

\$

Name on Credit Card:

Credit Card Number:

Expiration Month/Year

Billing Address

Street Address:

City, State & Zip:

Authorization

Signature:

By providing my signature, I authorize payment in the amount of \$225 to the Nevada Funeral and Cemetery Services Board for the above application.

For Board Use Only:

Date Received: _____	Amount Paid: _____	Check Number: _____
Date License Issued: _____		CC Auth Number: _____
Date of Inspection of New Location: _____		