



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

Information

Any funeral establishment, direct cremation facility or crematory relocating to another address must complete this form at least 30 days prior to changing the location and submit payment of \$225. The Board will inspect the location within 30 days of submission.

Required Documents

- Completed Form: Form is required to be completed in full and must be signed by location's authorized agent.
- Zoning: A copy of the Zoning Permit issued by the City or County must be attached to this Form.
- Inspection: Inspection date and time must be scheduled with the Board.
- Fee: A non-refundable payment in the amount of \$225 must be submitted at time of application. Acceptable forms of payment include, check, money order or credit card and made payable to the "Nevada Funeral and Cemetery Services Board."

Current Location Details

Name of location as shown on Permit/License:

Physical address of current location:

City:	State:	Zip Code:
Phone Number:		E-mail Address:

Proposed New Location Details

Physical address of proposed new location:

City:	State:	Zip Code:
Phone Number:		E-mail Address:

Managing Funeral Director Information

Name of Funeral Director who will manage this location:	FD License #:
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Location Inspection

Anticipated date location will be ready for inspection:	
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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 and/or Authorized Agent _____

Date _____

Print Name _____

Title _____

Credit Card Payment Information

Payment Method

Applicant Name: _____

- 
 
 
 

Amount: \$ _____

Name on Credit Card: _____

Credit Card Number: _____

Expiration Month/Year _____

Billing Address _____

Billing City, State & Zip _____

Email for Receipt: _____

Authorization

Signature: _____

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

For Board Use Only:

<input type="checkbox"/> Date Received:	_____	<input type="checkbox"/> Approved	_____
<input type="checkbox"/> Fee Paid:	\$ _____	<input type="checkbox"/> Denied	_____
<input type="checkbox"/> Ref. No.:	_____	<input type="checkbox"/> Withdrawn	_____
<input type="checkbox"/> Temp Approval Date:	_____	<input type="checkbox"/> Date Temp Permit Mailed:	_____
<input type="checkbox"/> Formal Approval Date:	_____	<input type="checkbox"/> Date Permit Mailed:	_____
<input type="checkbox"/> Inspection Completed:	_____		