



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 Name Change

Information

Any funeral establishment, direct cremation facility, crematory or cemetery 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. Please note that if there have been any changes in ownership, this form cannot be used.

Applicant Details

Name under which the location currently conducts business:		Permit/License #:
Physical address of proposed location:		
City:	State:	Zip Code:
Phone Number:	E-mail Address:	
Owner of location:	Type of ownership: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Partnership	

Name Change Details

New name under which the location proposes to conduct business:				
Name on State of Nevada Business License:		State of Nevada Business License Number:		
Have there been any changes in ownership?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Will the establishment comply with NRS 602.010 regarding filing a fictitious firm name?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Will the establishment update all state and local business licenses and/or permits?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Date location will officially begin operating under the new name:				

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 location representative

Date

Print Name

For Board Use Only:

Date Received: _____	Amount Paid: _____	Ref. #: _____
Board Approved: _____	Permit/Lic Mailed: _____	

Notice of Name Change

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:

Email for Receipt:

By providing my signature, I authorize payment in the amount of \$75 to the Nevada Funeral and Cemetery Services Board for the above application.