



STATE BOARD OF FUNERAL DIRECTORS

Telephone: 717-783-3397
Fax: 717-705-5540
E-mail: st-funeral@pa.gov
Website: www.dos.pa.gov/funeral

Mailing Address:
State Board of Funeral Directors
PO Box 2649
Harrisburg, PA 17105-2649

Courier Address:
State Board of Funeral Directors
2525 North 7th Street - Suite 330
Harrisburg, PA 17110

NOTIFICATION OF CHANGE IN SHAREHOLDERS FOR A RESTRICTED BUSINESS CORPORATION OR PROFESSIONAL CORPORATION FUNERAL ESTABLISHMENT

COMPLETE WHEN CHANGING ONE OR MORE SHAREHOLDERS. DO NOT USE THIS FORM IF YOU ARE PURCHASING A FUNERAL ESTABLISHMENT REQUIRING THE FILING OF NEW ARTICLES OF INCORPORATION.

ATTACH A COPY OF THE 'AGREEMENT OF SALE' OF SHARES WITH THIS APPLICATION.

PLEASE PROVIDE THE CURRENT LICENSE NUMBER OF THE FUNERAL ESTABLISHMENT:

--	--	--	--	--	--	--	--	--	--

SECTION 1:

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR THE FUNERAL ESTABLISHMENT. IF YOU WISH TO CHANGE THE NAME OF THE FUNERAL ESTABLISHMENT, YOU MUST ALSO COMPLETE AN "APPLICATION TO CHANGE THE NAME OR LOCATION OF A FUNERAL ESTABLISHMENT." CONTACT THE BOARD OFFICE FOR THE APPLICATION.

CORPORATION NAME:	
CORPORATION ADDRESS:	
BUSINESS TELEPHONE NUMBER:	
SUPERVISOR NAME:	
SUPERVISOR LICENSE NUMBER:	

SECTION 2 FOR RESTRICTED BUSINESS CORPORATIONS ONLY:

PLEASE LIST THE PRINCIPAL CORPORATE OFFICERS, INDICATING FUNERAL DIRECTOR LICENSE NUMBER, IF APPLICABLE, AND INDICATE IF THEY ARE MEMBERS OF THE BOARD OF DIRECTORS AND IF THEY HAVE ANY PROPRIETARY INTEREST OR OTHERWISE PARTICIPATE IN ANY OTHER FUNERAL ESTABLISHMENT (ATTACH 8½ x 11 PAPER WITH INFORMATION IF ADDITIONAL SPACE IS NEEDED):

NAME AND LICENSE NUMBER	MEMBER OF BOARD OF DIRECTORS?	NAME AND LICENSE NUMBER OF ALL OTHER FUNERAL ESTABLISHMENTS THIS PERSON HAS AN INTEREST OR PARTICIPATES.

SECTION 3:

PLEASE PROVIDE THE FOLLOWING INFORMATION REGARDING THE SHAREHOLDERS AND THEIR RELATIONSHIP TO THE FUNERAL DIRECTOR OF THE RESTRICTED BUSINESS CORPORATION. FOR PROFESSIONAL CORPORATIONS, ALL SHAREHOLDERS MUST BE LICENSED FUNERAL DIRECTORS (ATTACH 8½ x 11 PAPER WITH INFORMATION IF ADDITIONAL SPACE IS NEEDED):

NAME	RELATIONSHIP	NUMBER OF SHARES	CLASS, IF ANY, OF SHARES

SECTION 4:

PLEASE LIST THE NAMES AND LICENSE NUMBERS OF ALL FUNERAL DIRECTORS WHO ARE OR WILL BE WORKING IN THE FUNERAL ESTABLISHMENT. PLEASE LIST SUPERVISOR FIRST. (ATTACH 8½ x 11 PAPER WITH INFORMATION IF ADDITIONAL SPACE IS NEEDED)

NAME	LICENSE NUMBER
, SUPERVISOR	

SECTION 5:

STATEMENT OF RIGHT TO OCCUPY PREMISES

I, _____, OWN THE PREMISES AT

AND THAT _____

HAS THE RIGHT TO OCCUPY THE PREMISES FOR THE PURPOSE OF CONDUCTING THE PRACTICE OF
FUNERAL DIRECTING.

SIGNATURE OF OWNER

DATE

SECTION 6: CERTIFICATION STATEMENT

BY SIGNING BELOW, I VERIFY THAT THIS FORM IS IN THE ORIGINAL FORMAT AS SUPPLIED BY THE DEPARTMENT OF STATE AND HAS NOT BEEN ALTERED OR OTHERWISE MODIFIED IN ANY WAY. I AM AWARE OF THE CRIMINAL PENALTIES FOR TAMPERING WITH PUBLIC RECORDS OR INFORMATION PURSUANT TO 18 Pa. C.S. §49.11.

ADDITIONALLY, I CERTIFY THAT THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF, AND THAT I AM OF GOOD MORAL CHARACTER. I UNDERSTAND THAT ANY FALSE STATEMENT MADE IS SUBJECT TO THE PENALTIES OF 18 Pa. C.S. §4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES AND MAY RESULT IN THE SUSPENSION OR REVOCATION OF MY LICENSE OR CERTIFICATE.

APPLICANT'S SIGNATURE _____ DATE _____

SECTION 7:

SUBMIT THE FOLLOWING ATTACHMENTS

	ITEM	CHECK IF ENCLOSED
1	FUNERAL SUPERVISOR APPLICATION IF THE FUNERAL SUPERVISOR IS CHANGING AS A RESULT OF THE CHANGE IN SHAREHOLDERS.	
2	IF FUNERAL SUPERVISOR IS CHANGING SUBMIT PROPOSED FUNERAL ESTABLISHMENT LETTERHEAD. THE NAME OF THE NEW FUNERAL SUPERVISOR MUST BE IDENTIFIED. <i>EXAMPLE: JOHN DOE, SUPERVISOR</i>	
3	IF FUNERAL SUPERVISOR IS CHANGING SUBMIT PROPOSED STATEMENT OF GOODS AND SERVICES. THE NAME OF THE NEW FUNERAL SUPERVISOR MUST BE IDENTIFIED. <i>EXAMPLE: JOHN DOE, SUPERVISOR</i>	
4	IF FUNERAL SUPERVISOR IS CHANGING SUBMIT A NOTARIZED COPY OF YOUR WRITTEN REQUEST TO THE TELEPHONE COMPANY FOR YOUR NEW LISTING. THE NEW FUNERAL SUPERVISOR MUST BE IDENTIFIED. <i>EXAMPLE: JOHN DOE, SUPERVISOR</i>	
5	PRE-NEED INFORMATION, IF APPLICABLE.	
	a. A LISTING OF EXISTING PREPAID BURIAL CONTRACTS THAT WILL BE ASSUMED BY YOU BEARING YOUR SIGNATURE AND THE SELLER'S SIGNATURE OR	
	b. A DOCUMENT WHEREBY YOU EXPRESSLY REFUSE TO ASSUME ANY OR ALL OF THE EXISTING PREPAID BURIAL CONTRACTS. YOU MUST PROVIDE THE REASON FOR REFUSAL.	
	c. A PROPOSED WRITTEN NOTIFICATION OF THE TRANSFER TO THE PURCHASERS OF THE PREPAID BURIAL CONTRACTS.	
	d. IF THERE ARE NO PREPAID CONTRACTS, INDICATE N/A	
6	FUNERAL SUPERVISOR APPLICATION, IF SUPERVISOR IS CHANGING	
7	'AGREEMENT OF SALE' OF SHARES DOCUMENT	