



# New Jersey Office of the Attorney General

Division of Consumer Affairs  
State Board of Mortuary Science of New Jersey  
124 Halsey Street, 6th Floor, P.O. Box 45009  
Newark, New Jersey 07101  
(973) 504-6425



## Application for a Change of Manager

*All questions must be answered by the applicant except where indicated.  
Change of manager fee: \$35.00*

Please print clearly.

Date \_\_\_\_\_

Pursuant to N.J.A.C. 13:36-4.8, the owner of the mortuary shall notify the Board, in writing, within five business days of the termination, resignation, or death, of the name and license number of the licensee in charge. An application is hereby made to change the manager's name for the establishment listed below.

\_\_\_\_\_ Establishment name \_\_\_\_\_ Registration No. \_\_\_\_\_

Address under which the establishment is conducted:

\_\_\_\_\_ Street address \_\_\_\_\_  
\_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ ZIP code \_\_\_\_\_  
\_\_\_\_\_ Telephone number (include area code) \_\_\_\_\_ E-mail address \_\_\_\_\_

If you are managing more than one funeral home, list below the name, license number and address of each.

**Funeral home name**

**Funeral home address**

- |                   |       |
|-------------------|-------|
| 1. _____          | _____ |
| License No. _____ | _____ |
| 2. _____          | _____ |
| License No. _____ | _____ |

Type of ownership: (Check the one that applies.)

- |  |  |
|--|--|
| <input type="checkbox"/> Individual                  | <input type="checkbox"/> Partnership               |
| <input type="checkbox"/> Individual-Trade name       | <input type="checkbox"/> Partnership-Trade name    |
| <input type="checkbox"/> Corporation                 | <input type="checkbox"/> Estate                    |
| <input type="checkbox"/> Corporation-Fictitious name | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Other (Explain)             |  |

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide the name and license number of the **new** licensed manager or licensee-in-charge of this establishment:

\_\_\_\_\_ Manager/Licensee \_\_\_\_\_ License number \_\_\_\_\_

Provide the name of every licensed employee.

_____	_____
_____	_____
_____	_____

Provide the name of every trainee and unlicensed employee and the hours each of them work per week.

Name	Home address	Hours per week
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Along with this application please submit the following:

1. A letter from the funeral home appointing the new manager
2. A letter from the new manager accepting the position

Pursuant to N.J.A.C. 13:36-5.1 disclosure of manager name shall be conspicuously displayed on a sign or about the main entrance of the funeral establishment and the name and license number of the manager shall appear with the designated title “manager,” “senior director” or “executive director” on all stationery, billheads, advertising, price lists and in all other instances where the firm name is used, consistent with the requirements of N.J.A.C. 13:36-5.12.

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The answers and statements made in this form are true and correct to the best of my knowledge and belief. I agree, as the new manager, to be responsible for the direction, management and control of all work emanating from the establishment. I am familiar with the provisions of Chapter 184, Law of 1960, and the Rules and Regulations of the Board.

\_\_\_\_\_  
Signature of licensee/manager-in-charge of establishment