



**CEMETERY NOTIFICATION OF CHANGE**  
 Filing Fee \$25.00

<input type="checkbox"/> Change or addition of Corporate Officers (Complete sections A, B, E, and attach Certification Affidavit(s))	<input type="checkbox"/> Change or addition of Limited Liability Company Members (Complete sections A, C, E, and attach Certification Affidavit(s))	<input type="checkbox"/> Change or addition of Trustees (Complete sections A, D, E, and attach Certification Affidavit(s))
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**SECTION A: CEMETERY INFORMATION**

NAME OF CEMETERY		LICENSE NUMBER COA	
ADDRESS OF CEMETERY	CITY	STATE CA	ZIP CODE
MAILING ADDRESS (if applicable)	CITY	STATE	ZIP CODE
PHONE NUMBER (     )	FAX NUMBER (     )		
EMAIL ADDRESS (not required)	CONTACT PERSON FOR THIS APPLICATION		

**SECTION B: CHANGE IN CORPORATE OFFICER(S)** (Attach additional pages if needed)

**CORPORATE OFFICER(S) TO BE DISASSOCIATED FROM THIS CEMETERY**

TITLE	LAST NAME	FIRST NAME	DATE OF DISASSOCIATION

**CORPORATE OFFICER(S) TO BE ASSOCIATED WITH THIS CEMETERY**

TITLE	LAST NAME	FIRST NAME	DATE OF ASSOCIATION

**ALL CORPORATE OFFICERS ARE REQUIRED TO SUBMIT A CERTIFICATION AFFIDAVIT**

**SECTION C: CHANGE IN LIMITED LIABILITY COMPANY MEMBER(S)** (Attach additional pages if needed)

**LIMITED LIABILITY COMPANY MEMBER(S) TO BE DISASSOCIATED FROM THIS CEMETERY**

TITLE	LAST NAME	FIRST NAME	DATE OF DISASSOCIATION

**FOR BUREAU USE ONLY**

DATE CASHIERED	AMOUNT CASHIERED	ATS ID NUMBER	RECEIPT NUMBER	DATE COMPLETED
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**SECTION C: CHANGE IN LIMITED LIABILITY COMPANY MEMBER(S) (CONTINUED)**

**LIMITED LIABILITY COMPANY MEMBER(S) TO BE ASSOCIATED FROM THIS CEMETERY**

TITLE	LAST NAME	FIRST NAME	DATE OF ASSOCIATION

**ALL LIMITED LIABILITY COMPANY MEMBERS ARE REQUIRED TO SUBMIT A CERTIFICATION AFFIDAVIT**

**SECTION D: TRUSTEES** (Only one trustee can be an officer or employee of the corporation, attach additional pages if needed)

**TRUSTEE(S) TO BE DISASSOCIATED FROM THIS CEMETERY**

TITLE	LAST NAME	FIRST NAME	DATE OF DISASSOCIATION

**TRUSTEE(S) TO BE ASSOCIATED WITH THIS CEMETERY**

TITLE	LAST NAME	FIRST NAME	DATE OF ASSOCIATION

**ALL TRUSTEES ARE REQUIRED TO SUBMIT A CERTIFICATION AFFIDAVIT**

**SECTION E: CERTIFICATION OF APPLICANT**

I certify under penalty of perjury, under the laws of the State of California, that all information provided on this form is true and correct.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
TITLE

**Note:** All items on this form are mandatory; none are voluntary, unless indicated. Failure to provide any of the requested information will result in the application being considered incomplete (incomplete applications are subject to abandonment one year from the date the applicant is notified of deficiencies). All information provided will be used to determine qualification for licensure, per the Business and Professions Code that authorizes the collection of this information. Per California Civil Code section 1798.17 (Information Practice Act), the Bureau Chief of the Cemetery and Funeral Bureau is responsible for maintaining information on this form. This information may be transferred to other governmental and enforcement agencies. Individuals have the right to review the records maintained on them by the agencies, unless the records are exempt by section 1798.40 of the Civil Code. Requests for information may be addressed to the custodian of records: Bureau Chief, Cemetery and Funeral Bureau, 1625 North Market Blvd., Suite S-208, Sacramento, CA 95834, (916) 574-7870.

Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the Bureau. You are obligated to pay your state tax obligation and your license may be suspended if the state tax obligation is not paid per Business and Professions Code section 31(e).