



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
**DEPARTMENT OF STATE**  
DIVISION OF PROFESSIONAL REGULATION  
**BOARD OF FUNERAL SERVICES**

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: DPR.DELAWARE.GOV

**FUNERAL ESTABLISHMENT PERMIT CHANGE REQUEST**

**INSTRUCTIONS**

Use this form to report the following events. No fee is required.

- The funeral establishment's name, *not its ownership*, changes.
- The managing Funeral Director of the funeral establishment changes.

If these events occur, file a new [Application for Funeral Establishment Permit](#). Do not use this form.

- Ownership of previously licensed funeral establishment changes (even if name remains the same).
- Funeral establishment that was previously licensed moves to a new location.

**TYPE OF REPORT**

1. Check the event(s) you are reporting:  Name Change (no ownership change)  Manager Change
2. Funeral Establishment Permit Number where change occurring: **K3**-\_\_\_\_\_

**NAME CHANGE** – Complete this section if you checked Name Change in Question 1.

3. Establishment's *New* Name: \_\_\_\_\_
4. Establishment's *Former* Name: \_\_\_\_\_
5. Address of **Physical** Location \_\_\_\_\_  
Street
- \_\_\_\_\_
- City State Zip

6. Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**MANAGER CHANGE** – Complete this section if you checked Manager Change in Question 1.

7. Provide the following information about the new manager:
- Name \_\_\_\_\_ Delaware Funeral Director License # : **K1**-\_\_\_\_\_
- Is the manager's license displayed in any other Delaware Funeral Establishment? Yes  No
- Primary Residence: \_\_\_\_\_  
Street
- \_\_\_\_\_
- City State Zip

- Phone: \_\_\_\_\_ Email: \_\_\_\_\_

***I certify that the information above is true and correct.***

**Signature :** \_\_\_\_\_ **Date:** \_\_\_\_\_

Your Name: \_\_\_\_\_ Position: \_\_\_\_\_