



Department of Commerce

Division of Real Estate & Professional Licensing

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CEMETERY

CHANGE APPLICATION

This form is interactive. You may, before printing, type your responses directly onto the form. Otherwise, this form must be typewritten or printed legibly in black ink.

REASON FOR COMPLETING THIS FORM (check all that apply)

- CHANGE CEMETERY ADDRESS: complete sections 1, 2, 6 and 7.
CHANGE OWNER ADDRESS: complete sections 1, 2, 6 and 7.
CHANGE CONTACT INFORMATION: complete sections 1, 2, 3 and 6.
CONTACT NAME CHANGE: CHOOSE ONE: TOWNSHIP TRUSTEE: complete sections 1 through 5
FISCAL OFFICER: complete sections 1 through 4 and 6
OTHER: complete sections 1 through 4 and 6

Form with 7 numbered sections: 1. OWNER'S FILE NUMBER, 2. CEMETERY'S FILE NUMBER, 3. EMAIL ADDRESS, 4. NAME CHANGE, 5. NAME CHANGE, 6. PHONE NUMBER, 7. NEW ADDRESS. Includes sub-fields for FIRST NAME, MIDDLE INITIAL, LAST NAME, SUFFIX, CITY, COUNTY, STATE, and ZIP CODE.

SIGNATURE OF AUTHORIZED AGENT

DATE