



Department of Commerce

Division of Real Estate & Professional Licensing
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John R. Kasich, Governor

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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, 5 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
- 3-YEAR OWNER/OPERATOR CONTACT INFORMATION UPDATE:** complete all sections

1. OWNER'S FILE NUMBER	FILE NUMBER			
2. CEMETERY'S FILE NUMBER	FILE NUMBER			
3. NAME CHANGE	FIRST NAME	MIDDLE INITIAL	LAST NAME	TITLE
4. NAME CHANGE	FIRST NAME	MIDDLE INITIAL	LAST NAME	TITLE
5. EMAIL ADDRESS				
6. CONTACT NUMBERS	PHONE NUMBER		FAX NUMBER	
7. NEW MAILING ADDRESS	STREET ADDRESS			
	CITY	COUNTY	STATE	ZIP CODE

SIGNATURE OF AUTHORIZED AGENT

DATE