Oregon Mortuary and Cemetery Board
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Portland OR 97232-2195
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www.oregon.gov/MortCem
phone 971-673-1507 / fax 971-673-1501

APPLICANT FACILITY OWNER INFORMATION SHEET

If the applicant facility is owned by more than one level of ownership, this form needs to be completed and submitted with the facility application. This form may be duplicated for each level of ownership.

A. Applicant Facility Owner Information, name as identified on the facility application (***Organization Level*** ___)

_____
print true owner name(s)

_____
print mailing address of owner

_____
owner's phone number fax number e-mail address

_____
print contact name phone number

NOTE: Is the above named applicant facility owner publicly traded? (Yes / No) If yes, do not complete sections below.

B. Applicant Owner's Officers, Directors, Board Members, Commissioners, etc.:

1. _____
print name and title

2. _____
print name and title

3. _____
print name and title

4. _____
print name and title

5. _____
print name and title

6. _____
print name and title

7. _____
print name and title

8. _____
print name and title

C. Others who have decision-making authority and whose primary duties include control over the operation of the facility (i.e., General Market Manager, Area Manager):

_____
print name and title address phone

_____
print name and title address phone

D. Individual stockholders (natural persons), partners, and / or corporations that own or control voting stock in the above named owner, including percent of ownership:

1. _____
print true name %

2. _____
print true name %

3. _____
print true name %

4. _____
print true name %

5. _____
print true name %

6. _____
print true name %