

No fee required.

Oregon Mortuary and Cemetery Board
800 NE Oregon Street, Suite 430
Portland OR 97232-2195

www.oregon.gov/MortCem
971-673-1507 phone
971-673-1501 fax

FACILITY'S CHANGE OF ADDRESS FORM

Facility Name as it appears in Board records: _____

Permanent Records New Physical Address: _____
print contact name

street (do not list a post office box)

City, State and Zip Code

telephone / email address

Facility's New Mailing Address: _____
print contact name

mailing address

City, State and Zip Code

telephone and fax number

Owner's New Mailing Address: _____
print contact name

mailing address

City, State and Zip Code

telephone and fax number

Email Address(es) - will be published: _____

Email Address(es) - do not publish: _____

Do not use this form for changing the facility's physical location; use location change application.

Print name, title of duly authorized person: _____ Date: _____

Signature of duly authorized person: _____