

Kansas State Board of Mortuary Arts  
700 SW Jackson Street, Suite 904  
Topeka, Kansas 66603-3733  
Telephone: (785) 296-3980 Fax: (785) 296-0891  
E-mail: [boma1@ks.gov](mailto:boma1@ks.gov)  
Web site: <http://www.ksbma.ks.gov>

## Crematory License Ownership Change Application \$15 duplicate license fee

*Please complete the enclosed application. The undersigned hereby makes application to operate a crematory subject to the provisions of applicable Kansas Statutes and Regulations.*

Name of Crematory \_\_\_\_\_

Street address \_\_\_\_\_

Mailing address (if different than street) \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_ County \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_ Web site \_\_\_\_\_

Form of business (please check one)

Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Limited Partnership \_\_\_\_\_  
Corporation \_\_\_\_\_ Limited Liability Company \_\_\_\_\_

Provide one of the following: the name of the corporation, name of the limited liability company, or the name of the partnership/proprietorship/persons that will own this facility:

\_\_\_\_\_

\_\_\_\_\_

Please note that all limited partnerships, corporations and limited liability companies must be registered with the Kansas Secretary of State and Registrar of Deeds for the appropriate county.

List all Owners or Corporate Officers with their appropriate titles:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any affiliation with a national corporation/company? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list national corporation/company name:

\_\_\_\_\_

(over)

Please list the Crematory Operator in charge of this Crematory:

Name of the Crematory Operator in Charge of this Crematory	Crematory Operator License #	Licensed funeral director (yes/no)?	If yes, funeral director license #

Please list all other Crematory Operators employed at this facility:

Crematory Operator's Name	Crematory Operator License #	Licensed funeral director (yes/no)?	If so, funeral director license #

**ALL FEES PAID ARE NON-REFUNDABLE**

\_\_\_\_\_  
Signature of Crematory Operator in Charge of this Crematory

\_\_\_\_\_  
County where signed

\_\_\_\_\_  
Printed name of Crematory Operator in Charge

\_\_\_\_\_  
Today's date

**FOR OFFICE USE ONLY**

Date Application Received: \_\_\_\_\_

License Number Issued: \_\_\_\_\_

Date License Issued: \_\_\_\_\_

Date License and Receipt Mailed: \_\_\_\_\_

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\*\*\*\*Updated June 1, 2018\*\*\*\*