

Georgia State Board of Funeral Service  
237 Coliseum Drive  
Macon, Georgia 31217  
404-424-9966  
[www.sos.ga.gov](http://www.sos.ga.gov)

## Change of Ownership Form Funeral Establishment/Crematory

Whenever there is a change in ownership of a funeral establishment or crematory, the board must be notified within 15 days prior to the proposed change. If you are also requesting a business name or location change you are required to submit an establishment application instead, which can be found on the Board's website at [www.sos.ga.gov](http://www.sos.ga.gov). Please complete the following form, having both the seller and purchaser signatures notarized, and submit to the address above or by email to [Trades3@sos.ga.gov](mailto:Trades3@sos.ga.gov).

Name of business as listed on license: \_\_\_\_\_

License number and type: \_\_\_\_\_ Date of Sale: \_\_\_\_\_

**Seller:** \_\_\_\_\_

Name	Email Address	Telephone	
_____	_____	_____	
Street Address	City	State	Zip Code

**Purchaser:** \_\_\_\_\_

Name	Email Address	Telephone	
_____	_____	_____	
Street Address	City	State	Zip Code

State of Georgia, County of \_\_\_\_\_  
Subscribed to and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
**Seller Signature**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public  
My Commission expires: \_\_\_\_\_

\_\_\_\_\_  
**Purchaser Signature**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public  
My Commission expires: \_\_\_\_\_

## Ownership/Relationship Information

**\*PURCHASER MUST COMPLETE THIS PAGE\***

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**Complete this section if the business is a SOLE PROPRIETORSHIP**

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Owner Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Residence: \_\_\_\_\_

Street (PO Box not allowed), City, State, Zip

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**Complete this section if the business is a CORPORATION or a LIMITED LIABILITY COMPANY (LLC)**

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Date registered with GEORGIA SECRETARY OF STATE: \_\_\_\_\_

Legal Business Name: \_\_\_\_\_

**PRINCIPAL OFFICERS (attach additional pages if necessary):**

\_\_\_\_\_  
Name Title Telephone

Residence: Street (PO Box not acceptable), City, State, Zip

\_\_\_\_\_  
Name Title Telephone

Residence: Street (PO Box not acceptable), City, State, Zip

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**Complete this section if the BUSINESS IS A PARTNERHIP**

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\_\_\_\_\_  
Name Title Telephone

Residence: Street (PO Box not acceptable), City, State, Zip

\_\_\_\_\_  
Name Title Telephone

Residence: Street (PO Box not acceptable), City, State, Zip