Georgia State Board of Funeral Service
3920 Arkwright Rd. Suite 195
Macon, GA 31210
404-424-9966
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. 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.

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

_____
Seller Signature

_____
Date

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

_____
Notary Public
My Commission expires: _____

_____
Purchaser Signature

_____
Date

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

_____
Notary Public
My Commission expires: _____

Ownership/Relationship Information

PURCHASER MUST COMPLETE THIS PAGE

Complete this section if the business is a SOLE PROPRIETORSHIP

Owner Name: _____ Telephone: _____

Residence:_____

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

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

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

Complete this section if the BUSINESS IS A PARTNERHIP

_____ _____ _____

Name Title Telephone

_____

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

_____ _____ _____

Name Title Telephone

_____

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