



FUNERAL ESTABLISHMENT OR BRANCH TEMPORARY CHANGE OF MANAGER NOTICE

This form is to be used as notice to the Virginia Board of Funeral Director and Embalmers of the designation of a Temporary Manager of Record. In the event the manager of a funeral establishment is unable, for any reason, to exercise adequate supervision, direction, management, and control of the funeral establishment, the owner shall designate any funeral licensee to serve as a temporary manager for a period of no more than 90 days. Any change in manager of record for an establishment or branch shall be reported to the Board **within 14 days of the change.**

ESTABLISHMENT INFORMATION (PLEASE PRINT IN BLUE OR BLACK INK)

OWNER'S FULL NAME			
ESTABLISHMENT/BRANCH NAME			
ESTABLISHMENT/BRANCH MAILING ADDRESS	CITY	STATE	ZIP CODE
ESTABLISHMENT/BRANCH LOCATION ADDRESS	CITY	STATE	ZIP CODE
ESTABLISHMENT LICENSE NUMBER 05 ___ - ___ - _____			
ESTABLISHMENT/BRANCH TELEPHONE NUMBER		ESTABLISHMENT/BRANCH EMAIL ADDRESS	

PREVIOUS MANAGER'S INFORMATION

PREVIOUS MANAGER'S FIRST NAME	PREVIOUS MANAGER'S LAST NAME
PREVIOUS MANAGER'S LICENSE NUMBER 05 ___ - ___ - _____	
CHANGE EFFECTIVE DATE (MM/DD/YY)	
LIST THE REASON FOR THE CHANGE:	

TEMPORARY MANAGER'S INFORMATION

TEMPORARY MANAGER'S FIRST NAME	TEMPORARY MANAGER'S LAST NAME
TEMPORARY MANAGER'S LICENSE NUMBER 05 _____ - _____ - _____	TEMPORARY MANAGER PHONE NUMBER
TEMPORARY MANAGER'S EMAIL ADDRESS	

AGREEMENT OF TEMPORARY MANAGER OF RECORD

I agree to I agree to serve as temporary manager of record at the establishment named herein and assume the duties and responsibilities incumbent to the role as specified in the Regulations of the Virginia Board of Funeral Directors and Embalmers. By signing my name below, I acknowledge that I have read and understand the responsibilities of the manager of record and agree to perform those duties.

Signature of Temporary Manager of Record

Date

AFFIDAVIT OF OWNER

I certify that I have carefully read the laws and regulations related to the Virginia Board of Funeral Directors and Embalmers, which are available at <http://www.dhp.virginia.gov/funeral>.

I certify by my signature below: I am the owner of the funeral establishment. The appointed funeral licensee meets the qualifications required by Virginia law and regulations. Further, I certify the information has been personally provided and reviewed by me and that statements made herein, are true and complete. I understand that providing false or misleading information, as well as omitting information, in response to information required is considered falsification of documentation and may be grounds for denial of or taking disciplinary action against an existing license/certificate/registration.

I agree to the above certification.

Signature of Owner

Date