



**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 0 5 _____ - _____ - _____ | | | |

PREVIOUS MANAGER'S INFORMATION

| | |
|--|------------------------------|
| PREVIOUS MANAGER'S FIRST NAME | PREVIOUS MANAGER'S LAST NAME |
| PREVIOUS MANAGER'S LICENSE NUMBER 0 5 _____ - _____ - _____ | |
| 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 0 5 _____ - _____ - _____ | TEMPORARY MANAGER PHONE NUMBER |
| TEMPORARY MANAGER'S EMAIL ADDRESS | |

AGREEMENT OF TEMPORARY MANAGER OF RECORD

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