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**FUNERAL DIRECTOR
AND/OR EMBALMER**
Notice of Change
of Contact Information

LICENCE INFORMATION

Licensee Name: _____

Licence Number: _____ Effective Date of Change: _____

TYPE OF CHANGE

- Change of Email Address
- Change of Mailing Address
- Change of Legal Name (attach proof of change)

DETAILS OF CHANGE

To: _____ From: _____

Funeral Director/Embalmer Signature

Date

Send completed form by email to operations@consumerprotectionbc.ca