



ARKANSAS INSURANCE DEPARTMENT
FUNERAL SERVICES DIVISION | EMBALMERS & FUNERAL DIRECTORS

CHANGE OF OWNERSHIP FORM – SALE FINAL

A.C.A. § 17-29-305 Funeral establishments – Examinations - Licenses. [Effective July 1, 2018]

- (b) (1) (A) An owner of a funeral establishment shall:
- (i) Notify the board in writing **at least thirty (30) days before a change of ownership** of the funeral establishment occurs; and
 - (ii) Supply information requested by the board concerning the change of ownership.
- (B) The board shall develop and promulgate rules to provide a transfer of ownership of a funeral establishment, including the transferability of a license issued under this subchapter.
- (2) If there is a **change in the name of the establishment**, a new license shall be issued in the new name if the requirements for licenses as established in this section are met.

COMPLETE THIS FORM ONCE SALE IS FINAL.

Date: _____

I/we, _____, have purchased _____,
Name of the New Owner/Corporation Name of the Establishment

physically located at _____, _____, AR _____.
Establishment Physical Address City ZIP Code

Board ID #: _____ License #: _____

Previous Owner(s) Printed Name(s): _____

Previous Owner(s) Signature(s): _____

New Owner(s) Printed Name(s): _____

New Owner(s) Signature(s): _____

Effective Date of Ownership Change: _____

State of _____ [Notary Stamp or Seal]

County of _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public Signature

My Commission Expires

Additional Instructions:

- It will be necessary for you to provide a copy of the establishment's general liability insurance certificate that shows the **State Board of Embalmers, Funeral Directors, Cemeteries, and Burial Services** as a certificate holder. If we do not receive this insurance verification, it could result in your application/documentation being returned.
- If you request an inspection of the funeral home prior to closing on the sale of the funeral home, please complete the Inspection Request Form and submit with the appropriate fee(s).
- Does this funeral establishment have prepaid funeral benefits contracts business? ☐ Yes ☐ No. If "Yes," have you notified the Prepaid Funeral Benefits Division of the pending change of ownership?
- Does this funeral establishment have an associated Burial Association? ☐ Yes ☐ No. If "Yes," have you contacted the Funeral Services Division's Burial Associations section for assistance in transferring the burial association to the new owner? ☐ Yes ☐ No

Return Completed Form To:

Arkansas Department of Commerce
Arkansas Insurance Department | Funeral Services Division
1 Commerce Way, Suite 502 | Little Rock, AR 72202-2087
Phone (501) 682-0574 | Fax (501) 682-0575
E-Mail: AID.EFD@arkansas.gov