

- This form is required to be submitted by an Operator to provide notice of change to the Registrar under section 103 of Ontario Regulation 30/11 of the *Funeral, Burial and Cremation Services Act, 2002*.
- The Bereavement Authority of Ontario requires notice of change within 15 days of the change.
- Please attach a list of names, addresses and contact information for all other establishments operated by the Licensee in Ontario.

FOR BAO OFFICE USE ONLY	
Licence/Site number	
Checked by:	Date (yyyy/mm/dd):
Approved by:	Date (yyyy/mm/dd):

All Licensees must complete Section 1 of this form and sign and date Section 10 of the form. Please check off the appropriate box(es) below and complete the sections indicated (as applicable):

- Change in Operator's Name, Address or Contact Information (Complete Section 2)
- Change in Establishment/Site Name, Address or Contact Information (Complete Section 3)
- Change in Manager or Person in charge (Complete Section 4)
- Change in Land Owner's Name, Address or Contact Information (Complete Section 5)
- Change in Officers, Directors, Partners, Trustees, Board Members or Volunteers (Complete Sections 6 and 7)
- Change in Classification and/or Status (i.e.: incorporation, not-for-profit status) (Complete Section 8)
- Change in Shareholders and/or Share Distribution (Complete Section 9)

1. Current Operator Information:

Licencee (Last name, first)	Licence number
-----------------------------	----------------

Primary contact person

Last name	First name	Middle initial
-----------	------------	----------------

Date of Birth (yyyy/mm/dd)	
----------------------------	--

Business registration number (if applicable)	Ontario corporation number (if applicable)
--	--

Business address in Ontario

Unit/Suite/Apt	Street Number	Suffix	Street Name	Street Type	Direction
PO Box	Station	Rural Route	Lot/Part/Block/Section	Concession/Plan	
City/Town/Municipality			Province	County/District	Postal Code
Telephone Number (include area code)		Fax Number (include area code)		Email Address	

Establishment/Site Information

Name						Licence Number	
Unit/Suite/Apt	Street Number	Suffix	Street Name			Street Type	Direction
PO Box	Station	Rural Route	Lot/Part/Block/Section			Concession/Plan	
City/Town/Municipality			Province		County/District		Postal Code
Telephone Number (include area code)		Fax Number (include area code)			Email Address		

I hereby notify the Registrar of the following changes:

2. Change in Operator's Name, Address or Contact Information:

Operator (if name has changed, attach supporting documents)

Last name		First name		Middle initial
-----------	--	------------	--	----------------

Business address in Ontario

Unit/Suite/Apt	Street Number	Suffix	Street Name			Street Type	Direction
PO Box	Station	Rural Route	Lot/Part/Block/Section			Concession/Plan	
City/Town/Municipality			Province		County/District		Postal Code
Telephone Number (include area code)		Fax Number (include area code)			Email Address		

Mailing address (if different from Business address)

Unit/Suite/Apt	Street Number	Suffix	Street Name			Street Type	Direction
PO Box	Station	Rural Route	Lot/Part/Block/Section			Concession/Plan	
City/Town/Municipality			Province		County/District		Postal Code
Telephone Number (include area code)		Fax Number (include area code)			Email Address		

3. Change in Name, Address or Contact Information:

Name						Licence Number	
------	--	--	--	--	--	----------------	--

Mailing address (if different from Business address)

Unit/Suite/Apt	Street Number	Suffix	Street Name			Street Type	Direction
PO Box	Station	Rural Route	Lot/Part/Block/Section			Concession/Plan	
City/Town/Municipality			Province		County/District		Postal Code
Telephone Number (include area code)		Fax Number (include area code)			Email Address		

Legal description of establishment/site

4. Change in Operator's Manager or Person in charge:**Manager or person in charge**

Last name	First name	Middle initial
Position/Title	Date of birth (yyyy/mm/dd)	

Residence Address

Unit/Suite/Apt	Street Number	Suffix	Street Name	Street Type	Direction
PO Box	Station	Rural Route	Lot/Part/Block/Section	Concession/Plan	
City/Town/Municipality			Province	County/District	Postal Code
Telephone Number (include area code)		Fax Number (include area code)		Email Address	

5. Change in Land Owner's name, address or contact information:Name of person who owns the land on which the establishment/site is located **(Please provide a copy of the registered land title document)**

Last name	First name	Middle initial			
Unit/Suite/Apt	Street Number	Suffix	Street Name	Street Type	Direction
PO Box	Station	Rural Route	Lot/Part/Block/Section	Concession/Plan	
City/Town/Municipality			Province	County/District	Postal Code
Telephone Number (include area code)		Fax Number (include area code)		Email Address	
Land owner's signature giving consent to the applicant				Print name in full	

6. Change in Officers, Directors, Partners, Sole Proprietors, Trustees, or Board Members:**Note:**

- If more space is required, please photocopy this page and attach to the application.
- Each Officer, Director, Partner, Sole proprietor, Trustee, or Board member must also complete Section 7 of this application.

1	Change <input type="checkbox"/> New <input type="checkbox"/> Terminating	Status <input type="checkbox"/> Active <input type="checkbox"/> Non-active	Licence number (if applicable)			
Last name		First name		Middle initial		
Date of birth (yyyy/mm/dd)		Position held in company or organization		Effective date of change (yyyy/mm/dd)		
Address						
Unit/Suite/Apt	Street Number	Suffix	Street Name		Street Type Direction	
PO Box	Station	Rural Route	Lot/Part/Block/Section		Concession/Plan	
City/Town/Municipality		Province		County/District	Postal Code	
Telephone Number (include area code)		Fax Number (include area code)		Email Address		
Employment history						
Name/Full address of employer/Organization			Job title/Description of work/activity		Period (for past three years)	
					From	To
2	Change <input type="checkbox"/> New <input type="checkbox"/> Terminating	Status <input type="checkbox"/> Active <input type="checkbox"/> Non-active	Licence number (if applicable)			
Last name		First name		Middle initial		
Date of birth (yyyy/mm/dd)		Position held in company or organization		Effective date of change (yyyy/mm/dd)		
Address						
Unit/Suite/Apt	Street Number	Suffix	Street Name		Street Type Direction	
PO Box	Station	Rural Route	Lot/Part/Block/Section		Concession/Plan	
City/Town/Municipality		Province		County/District	Postal Code	
Telephone Number (include area code)		Fax Number (include area code)		Email Address		
Employment history						
Name/Full address of employer/Organization			Job title/Description of work/activity		Period (for past three years)	
					From	To

3	Change <input type="checkbox"/> New <input type="checkbox"/> Terminating	Status <input type="checkbox"/> Active <input type="checkbox"/> Non-active	Licence number (if applicable)			
Last name		First name		Middle initial		
Date of birth (yyyy/mm/dd)		Position held in company or organization		Effective date of change (yyyy/mm/dd)		
Address						
Unit/Suite/Apt	Street Number	Suffix	Street Name		Street Type	Direction
PO Box	Station	Rural Route	Lot/Part/Block/Section		Concession/Plan	
City/Town/Municipality			Province	County/District		Postal Code
Telephone Number (include area code)		Fax Number (include area code)		Email Address		
Employment history						
Name/Full address of employer/Organization			Job title/Description of work/activity		Period (for past three years)	
					From	To

7. This section must be completed by each Officer, Director, Partner, Sole Proprietor, Trustee, or Board Member:

Note:

- If more space is required, please photocopy this page and attach to the application.
- If the answer to any of the following questions in "Yes", provide full details on a separate signed and dated page and attach any relevant documentation

It is a serious offence to make a false statement in this application. A false statement may delay the processing of this application and/or result in the Registrar's refusal to issue a licence.	Check Appropriate Response		
	No	Yes	Previously Reported
A. Are you engaged, occupied, employed or associated directly or indirectly, in any other business, occupation or profession?	<input type="checkbox"/>	<input type="checkbox"/>	Provide full details on a separate page. <input type="checkbox"/>
B. Are you registered, licenced or appointed under this or any other legislation in any province, territory, state or country? (Exclude driver/motor vehicle licences)	<input type="checkbox"/>	<input type="checkbox"/>	Provide full details on a separate signed and dated page (include type, licence number, jurisdiction, registration, or appointment). <input type="checkbox"/>
C. Do you currently have any outstanding unpaid judgement(s) against you? Are you or were you an officer, director or controlling shareholder of a corporation, which has outstanding unpaid judgement(s)?	<input type="checkbox"/>	<input type="checkbox"/>	Attach a copy of each judgment. Outlining the amount outstanding and the repayment plans on a separate signed and dated page. <input type="checkbox"/>

	No	Yes		Previously Reported
D. Have you ever had a registration, licence or appointment of any kind in any province, territory, state or country (including driver/motor vehicle licences), refused, suspended, revoked or cancelled?	<input type="checkbox"/>	<input type="checkbox"/>	Provide full details on a separate signed and dated page (include type, jurisdiction and any other relevant details).	<input type="checkbox"/>
E. Have you ever been an officer, director or controlling shareholder of a corporation that has had a registration, licence or appointment of any kind, in any province, territory, state or country refused, suspended, revoked or cancelled?	<input type="checkbox"/>	<input type="checkbox"/>	Provide full details on a separate signed and dated page (include type, jurisdiction and any other relevant details).	<input type="checkbox"/>
F. Have you ever been, or are you now an officer, director or majority shareholder of a corporation which has been declared bankrupt or is presently a party to bankruptcy proceedings?	<input type="checkbox"/>	<input type="checkbox"/>	Attach a copy of the bankruptcy assignment or discharge papers and a list of creditors.	<input type="checkbox"/>
G. Have you ever pleaded guilty or been found guilty or convicted of an offence under any law of any province, territory, state or country, or are you currently the subject of any charges? (This includes probation orders and absolute or conditional discharges. You do not have to disclose any offence for which a pardon has been granted under the <i>Criminal Records Act</i> and which has not been revoked. A pardon is not granted simply because of the passage of time. You do not have to disclose convictions under the <i>Youth Criminal Justice Act</i> or minor traffic violations such as speeding or parking tickets.)	<input type="checkbox"/>	<input type="checkbox"/>	Provide full details on a separate signed and dated page.	<input type="checkbox"/>
H. Have you ever been or are you now an officer, director or controlling shareholder of a corporation which has ever pleaded guilty or been convicted of an offence under any law of any province, territory, state or country, or is currently the subject of any charges?	<input type="checkbox"/>	<input type="checkbox"/>	Provide full details on a separate signed and dated page.	<input type="checkbox"/>
I. Have you ever had an employment or business relationship terminated for cause based on breach of trust or confidentiality, deceit, fraud, theft, forgery, misappropriation of funds, harassment or assault or other similar conduct?	<input type="checkbox"/>	<input type="checkbox"/>	Provide full details on a separate signed and dated page.	<input type="checkbox"/>

8. Change in Classification and/or Status:

Please attach supporting documents, i.e. Articles of Incorporation or Amendment, Letters Patent or other.

- Corporation Limited partnership Municipality Partnership
 Religious Sole proprietor Trustee/Volunteer board
 Other (please specify): _____

For the above, indicate: Profit Not-for-profit

Please attached supporting documents, i.e. Articles of Incorporation or Amendment, Letters Patent or other.

9. Information for corporations only

Name/Address of shareholders who own 10% or more shares	Occupation of shareholder	Date of birth (yyyy/mm/dd)	Number of shares held	Number of voting (Equity) shares held	Percentage of equity shares held of total number of all issued or outstanding
					%
					%
					%
					%
					%
Total Number of Shares Issued to Date					%
Enter total number of Voting (Equity) Shares beneficially owned directly or indirectly by non-residents of Canada or over which non-residents of Canada exercise control or direction.					

(a) Is the corporation entitled to offer its shares to the public? Yes No

(b) Are any of the above shares held for a beneficial shareholder? Yes No

If "Yes", provide full details and any relevant documents.

Corporations are required to provide a copy of the **Articles of Incorporation** or **Letters Patent** outlining all of the corporation.

Applicant is attaching: Articles of Incorporation Letters of Patent

For business applicants that are not corporations, please provide a copy of your business registration/business name documents.

10. Notice and consent of applicants under applicable privacy laws

This application form is governed by the *Funeral, Burial and Cremation Services Act, 2002* (FBCSA) and its Regulations. The application form and content have been approved by the Registrar. The Registrar may refuse to issue a licence or renew a licence in circumstances set out in the Act. Such circumstances include the past conduct of the applicant in relation to whether the FBCSA and Regulations may be breached.

Therefore, I/we understand that the Bereavement Authority of Ontario (BAO) collects and uses this information to process this application to verify the information provided on this form and to determine in accordance with the Act and the Regulations whether a licence should be issued, renewed or revoked. Without limiting the generality of the foregoing, I/we understand that the collection/disclosure may include information from the Canadian Police Information Centre (C.P.I.C).

In addition, this information may, in the Registrar's discretion, be disclosed to organizations in or out of Ontario including: licensing or regulatory authorities, government regulators or other law enforcement agencies, professional and industry associations.

I/we also understand that the information collected pursuant to this application and in relation to the conduct as a licensee under the *Funeral, Burial and Cremation Services Act, 2002*, may be shared with regulating authorities and/or law enforcement agencies in or out of Ontario and that such information may be used in determining my/our licence status in this and other jurisdictions in which I am/we are licensed or have/has applied to be licensed.

I/we also understand the BAO may also use this information for the purpose of conducting quality assurance surveys and other similar programs and may contact me/us for such a purpose either directly or through an agent.

I/we understand the BAO may also disclose to the public by telephone, in writing or any other manner, including the internet, my/our licence information including but not limited to: licence number, licence type and status, applicable dates, business name, business/contact person, business/contact address, business/contact telephone number, business/contact facsimile number and business e-mail address.

I/we consent to the collection, use and disclosure of information for the purposes stated above and to determine whether I/we are and remain qualified for licensing in all jurisdictions.

I/we also certify that the information provided is, to the best of my/our knowledge and belief, true.

Dated at _____ this _____ day of _____, 20_____

Signature of Applicant	Full name (Last name, first) (Please print)
Signature of Applicant	Full name (Last name, first) (Please print)

Note:

- For Corporations, the application must be signed by two officers with signing authority.
For a Sole Proprietor, the application must be signed by the proprietor.
- For Partnerships, the application must be signed by all partners.
- For municipal, religious organizations, cemetery trustees, or board, the application must be signed by an authorized person or official.

The official who can answer questions about the collection of this information on this application is:

The Registrar, *Funeral, Burial and Cremation Services Act, 2002*

Bereavement Authority of Ontario
100 Sheppard Avenue East, Suite 505
Toronto, ON M2N 6N5

Tel: 647-483-2645 Toll-free: 844-493-6356 Fax: 647-748-2645

Email: info@thebao.ca