



**Nevada State Board of Massage Therapy**

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**NOTIFICATION OF DEATH OF LICENSEE**

This form is to be used for notifying the Nevada State Board of Massage Therapy of the death of a licensee. Please complete the form and return it to the Board's offices with a copy of the death certificate.

Licensee Name: \_\_\_\_\_ License #: \_\_\_\_\_

**REPORTING PARTY**

Reporting Party's Name: \_\_\_\_\_

Relationship to licensee: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_