



DEPARTMENT OF FINANCIAL SERVICES
 Division of Funeral, Cemetery & Consumer Services
 200 East Gaines Street
 Tallahassee, FL 32399- 0361

Change of Mailing Address or Contact Data -- Individuals

INDIVIDUAL applicants and licensees use this form to notify the Division of Funeral, Cemetery & Consumer Services of changes in their address or other contact data. ENTITIES SHOULD NOT USE THIS FORM. When completed, mail this form to the Division at the address shown above. There is no fee.

Section 1. IDENTIFYING INFORMATION	
Please provide all data requested in this Section so that we can accurately identify the record to be updated.	
First name	
Middle name (leave blank if none)	
Last name	
Name Suffix (examples: Jr., II) (leave blank if none)	
Birth Date (mm/dd/yyyy)	
Existing licensees only -- if you are an existing licensee, enter your license number in this block:	
License applicants only -- if you are an applicant for a license, indicate what month and year you submitted your application and for what type of license you applied: Month _____ Year _____ Type of License _____	
Section 2. New Address and/or Other Contact Data	
You may leave blank any data field where no updating is needed. However, if you are in doubt as to what data the Division has concerning you, feel free to enter data in all data fields below.	
Residence address (no P.O. boxes allowed here) Street _____ City: _____ State ____ Zip ____ Country _____	
Preferred Mailing Address Street _____ City: _____ State ____ Zip ____ Country _____	
Best Phone number to contact you Area code _____ Phone # _____ - _____	Email address (e.g., smithj@xyz.com)
Section 3. Signature of Licensee	
I, the licensee or applicant identified above, hereby request the Division of Funeral, Cemetery & Consumer Services to conform the data in their records concerning my address and other contact data to the information entered above.	
_____	_____
Licensee signature	Date signed

Social Security No. or FEIN: _____