



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

## REQUEST FOR DUPLICATE LICENSE

**REQUIRED FEE: \$25 (must accompany this form)**

Make checks payable to the Dept of Financial Services.

**PRINT OR TYPE CLEARLY.**

Section 1. NAME & ADDRESS INDIVIDUAL		
<u>License Number/Audit Number:</u>		
<u>First Name</u>	<u>Last Name</u>	
<u>If request is due to a name change place previous name here:</u> <u>First Name</u>	<u>Last Name</u>	
Street address (include apartment # if applicable):		
City	State	Zip
Section 2. NAME & ADDRESS ESTABLISHMENT		
<u>License Number/Audit Number :</u>		FEID:
<u>Name of Establishment:</u>		
Street address: {Do not include P.O. Box}		
City	State	Zip
Section 3. MAILING ADDRESS ESTABLISHMENT (If Different than Location address)		
Street address or P.O. Box		
City	State	Zip

**FOR OFFICE USE ONLY:**

<u>BT</u>	<u>TYCL</u>	<u>FT</u>	
V	3801	F	\$25.00

**Section 4: Purpose of Duplicate license**

A reissue/duplicate of the license/registration/permit listed above is requested for the following reason.

\_\_\_ 1) NEVER RECEIVED. \_\_\_ 2) LOST/MISPLACED. \_\_\_ 3) NAME/ADDRESS CHANGE.

If you are requesting the duplicate license due to a name change please submit evidence or certification of the name change. (such as a copy of drivers license or marriage certificate)

**Section 5: CERTIFICATION**

Under penalties of perjury, I, the applicant or applicant's authorized signatory, do hereby declare that I have read the foregoing, and the facts stated in it are true and correct.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Name and Title

*Mail completed application and required fee to:*  
Division of Funeral, Cemetery & Consumer Services, ATTN: Licensing Section  
Larson Building, 200 East Gaines Street  
Tallahassee, FL 32399-0361