



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

## CHANGE OF NAME & REQUEST FOR REVISED LICENSE CERTIFICATE - Individuals

This form is used by individual licensees to have their license records amended to reflect a change of name, whether by marriage or by court proceedings; and to then have issued to them a new certificate of license in the new name.

**REQUIRED FEE: \$25 (must accompany this form)**  
 Make checks payable to the Department of Financial Services.

**Mail this form and payment to: Division of Funeral, Cemetery & Consumer Services, Revenue Processing,  
 P.O. Box 6100, Tallahassee, FL 32314-6100.**

**PRINT OR TYPE CLEARLY.**

Section 1. PRIOR NAME & ADDRESS				
a) Your name (enter <u>exact</u> name under which you are <u>currently</u> licensed):				
b) License Number:	c) Date of Birth:	d) Daytime phone #	e) Address to which revised license should be mailed:	
Section 2. NEW NAME				
Your new name:				
This new name is authorized as a result of (check applicable):				
<input type="checkbox"/> Court order resulting from change of name proceedings (attach copy of court order)				
<input type="checkbox"/> Marriage (attach copy of marriage license or certificate issued by state or local government)				
<input type="checkbox"/> Divorce, return to maiden name (attach court order of divorce)				
Check one:				
<input type="checkbox"/> I have stapled to this application the original of my existing certificate of license.				
<input type="checkbox"/> I am unable to attach the original of my certificate of license because it has been lost, stolen, or destroyed.				
Section 3. CERTIFICATION				
I, the applicant herein, do hereby swear or affirm that I am the licensee identified herein, and that the attachments to this application are true and correct copies of official government records, and I do hereby request the Department of Financial Services to amend my license records to reflect my new name and to issue a revised certificate of license to me.				
_____			_____	
Signature of Applicant			Date Signed	
FOR DFS USE ONLY:				
<u>BT</u>	<u>TYCL</u>	<u>FT</u>		
V	3801	F	\$25.00	

Social Security No. _____
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