



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

REQUEST FOR DUPLICATE LICENSE- INDIVIDUAL

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

Make checks payable to the Dept of Financial Services.

PRINT OR TYPE CLEARLY.

Section 1. NAME & ADDRESS		
License Number:		
First Name:	Last Name:	
Street address (include apartment # if applicable):		
City:	State:	Zip:
Phone number: () -		Email Address:
Section 2. MAILING ADDRESS (If Different than Home Address)		
Street address or P.O. Box:		
City:	State:	Zip:
Section 3: PURPOSE OF DUPLICATE LICENSE		
A reissue/duplicate of the license/registration/permit listed above is requested for the following reason.		
<input type="checkbox"/> 1) NEVER RECEIVED <input type="checkbox"/> 2) LOST/MISPLACED <input type="checkbox"/> 3) ADDRESS CHANGE <input type="checkbox"/> 4) OTHER		
If you are requesting the duplicate license due to a name change please submit the following form: <i>Change of Name & Request for Revised License Certificate - Individuals – DFS-NI-1765</i>		

FOR OFFICE USE ONLY:		
BT	TYCL	FT
V	3801	F \$25.00

Section 4: 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 Licensee

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**