



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

## Change of Funeral Director/Direct Disposer in Charge

Funeral Establishments or Direct Disposal Establishments use this form to notify the Division of Funeral, Cemetery & Consumer Services of changes to their Funeral Director/Direct Disposer in Charge. There is no fee. Mail this form to the Division at the address indicated in the letterhead.

Section 1. Identifying Information	
Please provide all data requested in this Section, so that we can accurately identify the record to be updated.	
<b>Entity name as licensed:</b>	
<b>FEIN</b>	
<b>Existing licensees only</b> -- if you are an existing licensee, enter your license number in this block: <b>Establishment License Number:</b> _____	
<b>License applicants only</b> -- if you are an applicant for license, indicate what month and year you submitted your application and what type of license was applied for: Month ____ Year ____ Type of License _____	
Section 2. Address	
<b>Preferred Mailing Address:</b> Street _____  City: _____ State ____ Zip ____ Country _____	
<b>Phone number</b> Area code ____ Phone # ____ - _____	<b>Email address</b> (e.g., smithj@xyz.com)
Section 3: Funeral Director/Direct Disposer In Charge	
<b>Current Named Funeral Director/Direct Disposer In Charge:</b>  Name _____ License Number: _____  License Type (circle one): <u>DD</u> <u>EM</u> <u>FD</u> <u>FD/EM</u>	
<b>Change to new Funeral Director/Direct Disposer In Charge:</b>  Name _____ License Number: _____  License Type (circle one): <u>DD</u> <u>EM</u> <u>FD</u> <u>FD/EM</u>  Date Effective: ____/____/____	
Section 4: Signature	
I, the licensee or applicant identified above, hereby request the Division of Funeral, Cemetery & Consumer Services to conform the data in their records concerning the funeral director/direct disposer to the information entered above.	
_____ <b>Signature</b>	_____ <b>Date signed</b>