



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. LICENSEE 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:	
Business Location 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

Section 4. SOCIAL SECURITY NUMBER

Enter Licensee's Social Security Number:

Purpose and Use:

The collection of social security numbers on applications for licensure under Chapter 497 is expressly authorized by s. 497.141(2), Florida Statutes. Social security numbers collected on applications will be used by the Department of Financial Services and the Board of Funeral, Cemetery and Consumer Services as follows: identification of applicants; obtaining background checks on applicants; obtaining information from authorities in other states; investigation of applicants and licensees concerning asserted violations of applicable law or rules; enforcement of child support obligations. The social security number may also be used for any other purpose required or authorized by federal or Florida Law.