



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

**Notice of Change in Location of Funeral Establishment**

This form is used to report a change in location of a funeral establishment, and to request an inspection of the proposed new location, pursuant to s. 497.380(12)(b), Florida Statutes. Operations at the new location may NOT start until an inspection of the new location by the Division of Funeral, Cemetery, and Consumer Services (Division) is conducted and passed. This form is NOT used to report a change in ownership of a funeral establishment. This form should be filed BEFORE the new location is ready for inspection, because the Division will need some lead time to schedule the inspection. This form requires payment of a \$25 new license card fee (to show new address) and \$225 inspection fee.

Fill out, sign, and mail this form, with your check in the amount of \$250, payable to “Dept. of Financial Services,” to: Department of Financial Services  
 Revenue Processing Section  
 P O Box 6100  
 Tallahassee, FL 32314-6100

<b>1) Name of funeral establishment as shown on license:</b>	
<b>2) License # of funeral establishment:</b>	
<b>3) Current address (street, city, state, zip):</b>	
<b>4) Proposed new address (street, city, state, zip):</b>	
<b>5) Date the new location will be ready for inspection:</b>	
<b>6) Name of funeral establishment’s contact person:</b>	
<b>7) Phone number of person name above: (     )     -     </b>	
_____	_____
Signature of funeral establishment representative	Date signed
<b>Questions? Please call the Division at (850)-413-3039</b>	

DFS RECEIPTS SECTION

BT	TYCL	FT	
V	2600	E	\$225
	3801	F	\$ 25