



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

CHANGE OF NAME & REQUEST
FOR REVISED LICENSE CERTIFICATE - Individuals

NONREFUNDABLE REQUIRED FEE: \$25

This form is for individual licensees to amend their license records to reflect a change of name, and to have a new certificate of license issued in the new name.

Section 1. CURRENT LICENSEE NAME		
<u>Licensee's current name under which he or she is licensed:</u>		
<u>License Number:</u>	<u>Date of Birth:</u>	<u>Phone number:</u>
Section 2. MAILING ADDRESS		
<u>Street address or P.O. Box:</u>		
<u>City:</u>	<u>State:</u>	<u>Zip:</u>
Section 3. NEW NAME OF LICENSEE		
<u>Licensee's new name:</u>		
<u>This new name is authorized as a result of (check applicable):</u>		
<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)		
<u>Check one:</u>		
<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.		
FOR DFS USE ONLY:		
<u>BT</u>	<u>TYCL</u>	<u>FT</u>
<u>V</u>	<u>3801</u>	<u>F \$25.00</u>

Section 4. 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 Licensee

Date Signed

Enter Applicant's Social Security Number:

Purpose and Use:

Pursuant to the Privacy Act of 1974, 5 U.S.C. Section 552a, the State is responsible for informing you whether disclosure of your social security number is mandatory or voluntary, by what statutory or other authority your social security number is solicited, and what uses will be made of your social security number. Under section 119.071(5)(a)2., F.S., a state agency may collect your social security number if the collection is specifically authorized by law or if it is imperative for the performance of the agency's duties and responsibilities as prescribed by law.

Disclosure of your social security number on this form is: mandatory pursuant to 42 U.S.C. Section 666(a), and section 497.141, Florida Statutes. The purpose(s) for the requested information is that social security numbers collected 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. Your social security number is confidential and exempt from the disclosure requirements of section 119.07(1), F.S., and section 24(a), Article I of the Florida Constitution and will not be used for any purpose other than the purpose(s) provided herein, or as otherwise authorized under section 119.071(5)(a), F.S.

A copy of this Privacy Statement is provided to you as required by section 119.071(5)(a)3., F.S.

Mail completed application with all attachments and required fees to:

Division of Funeral, Cemetery, and Consumer Services
Revenue Processing Office
P.O. Box 6100
Tallahassee, FL 32314-6100

Make checks payable to the Dept of Financial Services.