

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.