



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

## REQUEST FOR DUPLICATE LICENSE- INDIVIDUAL

**REQUIRED FEE: \$25 (must accompany this form)**

Make checks payable to the Dept of Financial Services.

**PRINT OR TYPE CLEARLY.**

Section 1. NAME & ADDRESS		
<b>License Number:</b>		
<b>First Name:</b>	<b>Last Name:</b>	
<b>Street address (include apartment # if applicable):</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone number: (    )    -</b>		<b>Email Address:</b>
Section 2. MAILING ADDRESS (If Different than Home Address)		
<b>Street address or P.O. Box:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
Section 3: PURPOSE OF DUPLICATE LICENSE		
A reissue/duplicate of the license/registration/permit listed above is requested for the following reason.		
<input type="checkbox"/> 1) NEVER RECEIVED <input type="checkbox"/> 2) LOST/MISPLACED <input type="checkbox"/> 3) ADDRESS CHANGE <input type="checkbox"/> 4) OTHER		
<b>If you are requesting the duplicate license due to a name change please submit the following form:</b> <i>Change of Name &amp; Request for Revised License Certificate - Individuals – DFS-NI-1765</i>		

<b>FOR OFFICE USE ONLY:</b>		
<u>BT</u>	<u>TYCL</u>	<u>FT</u>
V	3801	F \$25.00

**Section 4: CERTIFICATION**

Under penalties of perjury, I, the applicant or applicant's authorized signatory, do hereby declare that I have read the foregoing, and the facts stated in it are true and correct.

\_\_\_\_\_  
Signature of Licensee

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Name and Title

*Mail completed application and required fee to:*

**Division of Funeral, Cemetery & Consumer Services, ATTN: Licensing Section  
Larson Building, 200 East Gaines Street  
Tallahassee, FL 32399-0361**