48-CHGINDLIC-100 5-03

Mailing Address: **PO Box 2649** **Harrisburg, PA 17105-2649**	**DEPARTMENT OF STATE** **STATE BOARD OF** **FUNERAL DIRECTORS**	**Courier Address:** **2601 North Third Street** **Harrisburg, PA 17110**

REQUEST FOR CHANGES TO AN INDIVIDUAL LICENSE

This request form is used to process a change of personal name and/or address on an individual license or to request a duplicate copy of an existing license. ***You cannot use this form to make changes to a licensed funeral establishment – visit the State Board of Funeral Directors web site at the address below or contact the Board Office for the appropriate application to make changes to a funeral establishment***.

CHECK THE APPROPRIATE BLOCK AND COMPLETE THE REQUESTED INFORMATION

☐ **CHANGE OF ADDRESS**:

1. Submit a $35.00 fee, check or money order, payable to the "Commonwealth of PA." A processing fee of $20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.

2. Complete the information below.

☐ **CHANGE OF PERSONAL NAME:**

1. Submit an 8½ x 11 copy of a legal document verifying your new name. **The only acceptable documents are:** a marriage certificate, divorce decree which indicates the retaking of your maiden name, court order indicating the retaking of a maiden name, or a court order approving a legal name change. ***Copies of driver's license or Social Security cards are not acceptable. Failure to submit required documents will result in your license being issued in the name as shown on our records.***

2. Complete the information below.

☐ **REQUEST FOR A DUPLICATE LICENSE:**

1. A $5.00 fee, check or money order, payable to the "Commonwealth of PA," must be submitted with this form for the duplicate license. ***A processing fee of $20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.***

2. Complete the information below.

FUNERAL DIRECTOR NAME:	
LICENSE #:	
DATE OF BIRTH:	
SOCIAL SECURITY #:	
FUNERAL HOME NAME:	
FUNERAL HOME ADDRESS:	City State Zip Code
FUNERAL HOME LICENSE #:	

Email: st-funeral@state.pa.us
Web Site: www.dos.state.pa.us/funeral
Telephone: 717-783-3397
Fax: 717-705-5540