

**Mail to:**

NYS Department of Health  
Bureau of Funeral Directing  
875 Central Avenue  
Albany, NY 12206

**OFFICE USE ONLY**

NO. \_\_\_\_\_  
DATE \_\_\_\_\_  
CASHLINE \_\_\_\_\_

Full Name as currently registered with the Bureau of Funeral Directing (former name) License or Registration No. (if applicable)

Full Name as currently printed on your government issued identification (new name)

**Include the following with this application:**

- Copy of marriage certificate, divorce decree, or court document showing name change
- Original Funeral Director Registration Card (i.e. pocket card)  
\$20 fee for replacement
- Original Funeral Director Wall License  
\$20 fee for replacement
- Original Funeral Firm Registration Certificate where you are a registered manager (if applicable)  
\$20 fee for replacement
- One certified bank check, money order, or business check in the exact amount for all documents requested made payable to the NYS Department of Health.  
**No personal checks, cash, or credit cards are accepted.**

**Current Home Address and Contact Information (Check if new ):**

Street 1 \_\_\_\_\_

Street 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Check here  if you want a temporary verification letter on NYS letterhead emailed to you upon receipt of this application to replace your pocket card while we process this request.

Signature \_\_\_\_\_ Date \_\_\_\_\_