

State Board of Funeral Directors  
 P O Box 2649  
 Harrisburg, PA 17105-2649

**Courier Address:**  
 State Board of Funeral Directors  
 2601 North Third Street  
 Harrisburg, PA 17101

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**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.

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

Email: [st-funeral@state.pa.us](mailto:st-funeral@state.pa.us)  
 Web Site: [www.dos.state.pa.us](http://www.dos.state.pa.us)  
 Telephone: 717-783-3397  
 Fax: 717-705-5540