



South Carolina
Department of Labor, Licensing and Regulation



Board of Funeral Service

110 Centerview Drive
Post Office Box 11329
Columbia, SC 29211-1329
Phone: (803) 896-4497
FAX: (803) 896-4554

Henry D. McMaster
Governor

Emily H. Farr
Director

NAME / ADDRESS CHANGE / DUPLICATE LICENSE FORM

☐ **Personal Name Change** (Includes New License, Legal Name Change Documentation Required) Complete Sections 1, 3, 4 and 5.

☐ **Personal Address Change**
Complete Sections 1, 2, 4 and 5.

☐ **Duplicate License** Reason for Duplicate: _____
☐ Wallet Card ☐ Wall Certificate
Complete Sections 1, 4 and 5.

1. NAME as currently shown on your Funeral Director/Embalmer License or Certificate

First Middle Last
License Number: _____ License Type: ☐FD ☐FDE ☐FEM ☐Apprentice ☐Student

2. FORMER ADDRESS

Physical Address: _____
Street City State Zip Code
Mailing Address: _____
Street City State Zip Code

3. NEW LEGAL NAME (Attach Legal Name Change Documentation)

First Middle Last

4. NEW / CURRENT ADDRESS

Physical Address: _____
Street City State Zip Code
Mailing Address: _____
Street City State Zip Code
Telephone Number (____) _____

5. LICENSEE SIGNATURE

_____ DATE: _____