



South Carolina  
Department of Labor, Licensing and Regulation



Board of Funeral Service

110 Centerview Drive  
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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: \_\_\_\_\_