NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Funeral Directing

Name Change

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** _____

DOH-5227 (10/16)