

Duplicate Licensure Document Application

Mail to:

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

OFFICE USE ONLY

NO. _____
DATE _____
CASHLINE _____

AVAILABLE REMNANTS, MUTILATED CERTIFICATE OR CARD MUST BE RETURNED WITH THIS APPLICATION.

Application for duplicate of:

- Wall License Certificate (Funeral Director)
- Pocket Card (Funeral Director)
- Firm Registration Certificate
- Resident Pocket Card (no fee required)

The completed application should be returned to the address above with a \$20.00 bank check or money order (**no personal checks**) *for each requested item*, and made payable to "NEW YORK STATE DEPARTMENT OF HEALTH"

A. I,

Funeral Director Registration No.

Funeral Director Resident No.

OR

B. Funeral Firm Name AND Registration No.

The reason for this application is (Explain in detail what happened to the original):

Under the penalties of perjury, I affirm that the statements herein are true.

Current Home OR Funeral Firm 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 _____