

Duplicate Licensure Document Application

Application for duplicate of:

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

OFFICE USE ONLY
NO.
DATE
CASHLINE

The completed application should be returned to the address below 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 License No. _____
- 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.

SIGNATURE

DATE

ADDRESS

CITY, STATE, ZIP

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

Return to:

**New York State Department of Health
Bureau of Funeral Directing
875 Central Ave.
Albany, NY 12206**