



**STATE OF NEVADA**  
**FUNERAL AND CEMETERY SERVICES BOARD**

3740 Lakeside Drive, Suite 201, Reno, Nevada 89509  
 Phone (775) 825-5535 \* Fax (775) 507-4102  
 Email: [nvfuneralboard@fb.nv.gov](mailto:nvfuneralboard@fb.nv.gov) \* Website: <http://funeral.nv.gov/>

**REQUEST FOR DUPLICATE OR REPLACEMENT  
 LICENSE, PERMIT OR CERTIFICATE**

**Information**

Any individual or location requesting a duplicate or replacement permit, license or certificate must complete this form with fees and submit to the Board for processing.

**Required Documents**

- Completed Request Form:** Complete the request for duplicate or replacement license, permit or certificate form and fax, email or mail to the Board Office for processing.
- Fee:** A non-refundable payment in the amount of \$75 must be submitted at time of request. Acceptable forms of payment include, check, money order or credit card and payable to the "Nevada Funeral and Cemetery Services Board."

Mail, Email or Fax Completed Application with Fees to:  
 Nevada Funeral and Cemetery Services Board  
 3740 Lakeside Drive, Suite 201, Reno, NV 89509  
 (775) 825-5535 – Fax: (775) 507-4102  
 Email: [nvfuneralboard@fb.nv.gov](mailto:nvfuneralboard@fb.nv.gov)

**Individual Information**

Full Legal Name:		License/Certificate No.:	
Mailing Address:	City:	State:	Zip:
Phone Number:	E-mail Address:		

**Location Information**

Location Name:		Permit/License No.:	
Physical Address:	City:	State:	Zip:
Phone Number:	E-mail Address:		

**Select License, Permit or Certificate Type**

Individuals		Locations	
<input type="checkbox"/>	Duplicate/Replacement Funeral Arranger License	<input type="checkbox"/>	Duplicate/Replacement Establishment Permit
<input type="checkbox"/>	Duplicate/Replacement Funeral Director License	<input type="checkbox"/>	Duplicate/Replacement Direct Cremation Facility Permit
<input type="checkbox"/>	Duplicate/Replacement Apprentice Embalmer Certificate	<input type="checkbox"/>	Duplicate/Replacement Crematory Permit
<input type="checkbox"/>	Duplicate/Replacement Embalmer License	<input type="checkbox"/>	Duplicate/Replacement Cemetery Certificate

**Request for Duplicate or Replacement License, Permit or Certificate**

<b>Reason for Duplicate or Replacement:</b>

<b>Please Mail Duplicate/Replacement License, Permit or Certificate to:</b>			
Name: _____			
Mailing Address: _____	City: _____	State: _____	Zip: _____

<b>Declaration of Applicant</b>
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I hereby declare under penalty of perjury, that all of the information supplied herein is to the best of my knowledge true, accurate and complete and I have not withheld, misrepresented, or falsely stated any information relevant to this request.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

<b>Credit Card Payment Information</b>
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**Payment Method**

Applicant Name: \_\_\_\_\_


 
 
 

Amount: \$ \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Month/Year: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing City, State & Zip: \_\_\_\_\_

Email for Receipt: \_\_\_\_\_

**Authorization**

Signature: \_\_\_\_\_

*By providing my signature, I authorize payment in the above amount to the Nevada Funeral and Cemetery Services Board for the above application.*

**For Board Use Only:**

<input type="checkbox"/> <b>Date Received:</b>		<input type="checkbox"/> <b>Lic/Permit/Cert No.:</b>	
<input type="checkbox"/> <b>Fee Paid:</b>		<input type="checkbox"/> <b>Date Mailed:</b>	
<input type="checkbox"/> <b>Ref. No.:</b>			