



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/>

## Change of Name and Request for Revised License - Individual

### Name Change Information

This form is used by individual licensees to have their license records amended to reflect a change of name, whether by marriage or by court proceedings; and be issued a revised license in the new name.

### Required Documents

- Completed Request Form: The completed name change request form.
- Original License: The Board requires that the original license to be returned to the Board.
- Legal Documents: Legal documentation pertaining to name change must be included with this request.
- 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."

### Individual Information (enter exact name under which you are currently licensed)

Full Legal Name:	Date of Birth:	License No.:	
Mailing Address:	City:	State:	Zip:
Phone Number:	E-mail Address:		

### New Name (revised license will be mailed to the following name and address)

NEW Full Legal Name:			
Mailing Address:	City:	State:	Zip:
Phone Number:	E-mail Address:		

This new name is authorized as a result of (check applicable):

- Court order resulting from change of name proceedings (attach copy of court order)
- Marriage (attach copy of marriage license or certificate issued by state or local government)
- Divorce, return to maiden name (attach court order of divorce).

Check **ONE**:

- I have stapled to this request the original of my existing license. **(In order for the new license to be issued, you must return the existing license with this request).**
- I am unable to attach the original of my license because it has been lost, stolen, or destroyed.

Change of Name and Request for Revised License - Individual

**Declaration of Applicant**

I, the applicant herein, do hereby swear or affirm that I am the licensee identified herein, and that the attachments to this application are true and correct copies of official government records, and I do hereby request the Funeral and Cemetery Services Board to amend my license records to reflect my new name and to issue a revised license to me.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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

**Credit Card Payment Information**

**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"/> Date Received:		<input type="checkbox"/> License No.:	
<input type="checkbox"/> Fee Paid:	\$	<input type="checkbox"/> Database Updated:	
<input type="checkbox"/> Ref. No.:		<input type="checkbox"/> Updated Lic Mailed:	