



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 * 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

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

Reason for Duplicate or Replacement:

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

Declaration of Applicant

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 _____

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