



ARKANSAS INSURANCE DEPARTMENT
FUNERAL SERVICES DIVISION | EMBALMERS & FUNERAL DIRECTORS

REQUEST FOR NAME CHANGE

IMPORTANT: The way you list your name, city, county, and state in this section will be how those items will appear on your license.

Full Name (First, MI, Last):
City and State of Residence:
County of Residence:

Gender: Male Female
DOB:
Last 4 SSN.:

Cell Phone:
Work Phone:
Funeral Home Phone No.

E-Mail Address:

Applicant's Physical Address:

Number/Street City State ZIP Code County

Applicant's Mailing Address: [If different from the Physical Address listed above]

Number/Street/P.O. Box City State ZIP Code County

I will be employed by:
Name of Funeral Home

Funeral Home Mailing Address:

Number/Street/P.O. Box City State ZIP Code

I hereby certify that all information and statements contained within this application are true, to the best of my knowledge and belief.

Applicant Signature Application Date

NOTARY PUBLIC:

[Notary Stamp or Seal]

State of
County of

Subscribed and sworn to before me this day of, 20.

Notary Public Signature Commission Expiration Date

Mail Completed Application To:

Arkansas Department of Commerce
Arkansas Insurance Department | Funeral Services Division
1 Commerce Way, Suite 502 | Little Rock, AR 72202-2082
Phone (501) 682-0574 | Fax (501) 682-0575
E-Mail: AID.EFD@arkansas.gov

Reason for Name Change

- Marriage - Please include a copy of marriage license and color copy of photo identification.
Divorce - Please include a copy of the divorce decree and color copy of phot identification.
Other - Please provide written documentation.
Include a fee of \$20 per license if you want a new license with new name.