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**: _____
City State

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.**