



Georgia State Board of Funeral Service  
237 Coliseum Drive  
Macon, Georgia 31217  
404-424-9966  
[www.sos.ga.gov/plb/funeral](http://www.sos.ga.gov/plb/funeral)

## Change of Address Form Funeral Director/Embalmer/Apprentice

Individuals may change their address online [here](#), or by completing this form.

*This form cannot be used for funeral establishments or crematories. Any change in facility name or address requires a change of location/name application. Any change in ownership requires a notarized statement from the buyer and seller.*

License number(s) and type: \_\_\_\_\_

Legal name as listed on license: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

### Previous Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Email Address

### New Address

\_\_\_\_\_  
Street Address (P.O. Box is not acceptable)

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Email Address

(Your name, mailing address and license number are public information and will be posted on the Secretary of State's website. The mailing address is used for renewal notices, and application processing. Your email address will not be shared with third parties.)

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

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