



State of Ohio
Board of Embalmers and Funeral Directors

77 South High Street, 16th Floor, Columbus, OH 43215-6108 • Phone (614) 466-4252 • Fax (614) 728-6825
E-Mail: oh.emb.bd@funeral.ohio.gov • Website: www.funeral.ohio.gov

LICENSE WALL DISPLAY ORDER FORM

This completed and notarized form is to be returned to the Board of Embalmers and Funeral Directors at the above address with a check or money order in the amount of \$10.00 per certificate, made payable to: Treasurer, State of Ohio.

NOTE: THIS NOTARIZED FORM CANNOT BE ACCEPTED BY FAX

License Type and #

Name

(Name Changed To)

Address

City, State, Zip Code

Phone#

Email Address

This is to certify that the wall certificate referenced above

has a name change was lost or stolen was destroyed was not received

If the document is found or received after the replacement is issued, the original document must be returned to the Board.

Allow 30-45 business days to receive the new license wall display

Signature _____

Sworn to and signed before me this _____ day of _____, 20____.

Signature of Notary Public _____

Expiration Date of Commission _____

SEAL