



**Texas Funeral Service Commission
Out of State License Certification Request**

Name _____
(Last) (First) (Middle)

Address _____ Telephone _____
(MANDATORY)

City _____ State _____ Zip _____

Date of Birth _____ Social Security # _____
(MANDATORY) (MANDATORY)

License # _____ Expiration Date: _____
(MANDATORY)

\$50.00 FEE INCLUDED

Check one below:

- LICENSE VERIFICATION/CERTIFICATION FORM FROM THE STATE WHERE YOU ARE APPLYING INCLUDED
- TEXAS LICENSE VERIFICATION FORM NEEDED (STATE WHERE YOU ARE APPLYING DOES NOT SUPPLY SEPARATE FORM)

**** INCOMPLETE FORMS WILL NOT BE PROCESSED ****

I hereby certify that I am the above licensee and all information provided is true and correct.

Signature of Applicant

Date

**Mail to:
Texas Funeral Service Commission
333 Guadalupe St., Suite 2-110
Austin, Texas 78701**