

## **Texas Funeral Service Commission Criminal History Questionnaire for Applicants**

Texas Admin. Code 203.15(a) requires applicants for licensure to disclose to the Commission in writing any conviction related to the occupations of funeral directing or embalming. That disclosure must occur at the time of application.

Under law, the Commission may disqualify an applicant from receiving a license on the grounds that the applicant has been convicted of a felony or misdemeanor that directly relates to the duties and responsibilities of an occupation licensed under Texas Occupations Code, Chapter 651. A list of crimes related to the occupations of funeral directing or embalming can be found in Texas Admin. Code 203.16(h).

The Commission will act upon a completed questionnaire at its next regularly scheduled Commission meeting.

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**A REQUEST WILL NOT BE PROCESSED UNTIL ALL ITEMS HAVE BEEN SUBMITTED.**

### **General Instructions & Checklist:**

- A completed and signed Criminal History Questionnaire (attached) for EVERY conviction or deferred adjudication.
- A copy of the final judgment or court decree for EACH conviction or deferred adjudication.
- Letters of Reference & Recommendation (not to include personal attorney or family members).
- Statement of interest or intent of becoming a Funeral Director/Embalmer in Texas and why the Texas Funeral Service Commission should approve the request.

**Carefully read the statement at the bottom of the questionnaire before you sign and date the form. Be aware that all information provided on this form, and any attachments, will be investigated. Providing false information may result in denial or revocation of a license and the imposition of administrative penalties.**

**DOCUMENTS SUBMITTED WITH THE REQUEST WILL NOT BE RETURNED. KEEP A COPY OF THE COMPLETED QUESTIONNAIRE FORM AND ALL ATTACHMENTS.**

Mail completed forms to:  
Texas Funeral Service Commission  
PO Box 12217  
Austin, Texas 78711

**Texas Funeral Service Commission  
Criminal History Questionnaire for Applicants**

Please complete this form if you are an applicant for licensure disclosing a criminal conviction. Be specific and provide exact details. **Attach a separate form for each offense.**

All information provided must be typed or printed in black or blue ink. Any attachments must be submitted on separate sheets of single-sided, 8½ x 11 paper. Use a paperclip to fasten all pages together with the check or money order on top. Do not staple.

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_

Alias/AKA: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Type of License Sought: Provisional \_\_\_\_ Reciprocal \_\_\_\_ Reinstatement \_\_\_\_

County where convicted: \_\_\_\_\_ Court where convicted: \_\_\_\_\_

Date crime committed: \_\_\_\_\_ Date of conviction: \_\_\_\_\_

Exact crime you were convicted of: \_\_\_\_\_

What exactly did you do (crime) and why? (If you need more space to write, attach additional sheets) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sentence or action imposed by the Court: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you currently on probation? \_\_\_\_ Yes \_\_\_\_ No

Are you currently on parole? \_\_\_\_ Yes \_\_\_\_ No

If so, list your reporting officer's name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Are you currently serving community supervision? \_\_\_\_ Yes \_\_\_\_ No

If so, list date to be released: \_\_\_\_\_

Are you currently on mandatory supervision? \_\_\_\_ Yes \_\_\_\_ No

If so, list date to be released: \_\_\_\_\_

Name of Community Supervision Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you ever applied for an occupational license that was denied based on any criminal conviction? \_\_\_ Yes \_\_\_ No

If yes, Type of Occupational license applied for: \_\_\_\_\_

Agency that Denied License: \_\_\_\_\_

Full name used on application for denied license: \_\_\_\_\_

Date applied: \_\_\_\_\_ Date denied: \_\_\_\_\_

Specific reason(s) for the denial: \_\_\_\_\_

\_\_\_\_\_

Questions regarding this form may be addressed to the Texas Funeral Service Commission's Legal Assistant, Kathy Sparks at [kathy@tfsc.texas.gov](mailto:kathy@tfsc.texas.gov) or by telephone at (512)936-2469.

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I, \_\_\_\_\_ do hereby certify the attached information is true and correct to the best of my ability. I further authorize the release of information to the Texas Funeral Service Commission for the purpose of determining my eligibility to receive a license as a Funeral Director and/or Embalmer in accordance with Texas Administrative Code, Title 22 Part 10, Chapter 203, Rule 203.16, Consequences of Criminal Conviction.

\_\_\_\_\_  
Applicant Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_  
20\_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Notary Public in and for the State of Texas

My commission expires \_\_\_\_\_