

**Texas Funeral Service Commission  
Application for Duplicate License**

Licensee Name \_\_\_\_\_

License Number(s) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

The fee for each duplicate license is \$5.00 per license

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Number of Licenses ordered: \_\_\_\_\_ Amount Enclosed: \_\_\_\_\_

I hereby request that a duplicate license be issued to me, the current license holder.

As the license holder, I am the person to who the license was originally issued and I need a new/additional license for the following reason (check one):

- The original license has been lost/destroyed (Tex. Occ. Code Chapter 651.260)
- The license holder is practicing at the following additional establishment(s) (Tex. Occ. Code Chapter 651.261):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the statements on this application are true and correct.

\_\_\_\_\_  
Licensee Signature

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