

**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

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
333 Guadalupe, Suite 2-110
Austin, Texas 78701**