



TEXAS FUNERAL SERVICE COMMISSION

APPOINTMENT OF EMBALMER IN CHARGE

Establishment Name

License Number

Street Address

City

Zip

Embalmer Director in Charge

License Number

Expiration Date

Date Appointed

Are you currently serving as EIC/FDIC at any other location(s)? Yes ___ No ___

Establishment Name(s)

Location(s)

Establishment License #

As the Embalmer in Charge, I am responsible to the Commission for the legal and ethical operation of this establishment and understand that I may be served with administrative process when violations are alleged to have been committed by the funeral establishment. I will notify the Commission in writing immediately if and when the relationship is terminated. I certify to the correctness contained in this application.

Embalmer in Charge

Establishment Owner

Subscribed and sworn to me, the undersigned Notary Public of the State of Texas, on this the ___ day of _____, _____.

Notary Public

My Commission Expires

(seal)

Address:
P. O. Box 12217
Capitol Station
Austin, Texas 78711

Toll Free: (888) 667-4881
Tel: (512) 936-2474
Fax: (512) 479-5064
website: www.tfsc.state.tx.us

Physical Address:
333 Guadalupe Street
Suite 2-110
Austin, Texas 78701



TEXAS FUNERAL SERVICE COMMISSION

REMOVAL OF EMBALMER IN CHARGE

Establishment Name

License Number

Street Address

City

Zip

Embalmer in Charge

License Number

Expiration Date

Date Removed

As the Owner/Manager of the Funeral Establishment, I do hereby authorize the removal of the above listed person as Embalmer in Charge. I will notify the Commission in writing within 15 days of the appointment of a new Embalmer in Charge. I certify to the correctness contained in this application.

Establishment Owner

Subscribed and sworn to me, the undersigned Notary Public of the State of Texas, on this the ____ day of _____, _____.

Notary Public

My Commission Expires

(seal)

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