



APPOINTMENT OF EMBALMER IN CHARGE
(For Commercial Embalming Facilities Only)

Establishment Name _____ Establishment License Number _____

Street Address _____ City _____ Zip _____

Email _____
(Mandatory)

Embalmer in Charge _____ License Number _____ Expiration Date _____

Date Appointed _____

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

***NOTE:** Per TFSC rule, an individual may NOT serve as EIC at multiple locations unless the locations are within 100 miles of each other AND have the same ownership.

Establishment Name(s) _____ Owner(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 _____ Date _____

Establishment Owner _____ Date _____

Texas Funeral Service Commission
333 Guadalupe St., 2-110
Austin, TX 78701
nikki@tfsc.texas.gov



REMOVAL OF EMBALMER IN CHARGE
(For Commercial Embalming Facilities Only)

<hr/> Establishment Name	<hr/> Establishment License Number	
<hr/> Street Address	<hr/> City	<hr/> Zip
<hr/> Embalmer in Charge	<hr/> License Number	<hr/> Expiration Date
<hr/> 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.

<hr/> Establishment Owner	<hr/> Date
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