



## TEXAS FUNERAL SERVICE COMMISSION

### APPOINTMENT OF EMBALMER IN CHARGE

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<b>Establishment Name</b>	<b>License Number</b>
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<b>Street Address</b>	<b>City</b>	<b>Zip</b>
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<b>Embalmer Director in Charge</b>	<b>License Number</b>	<b>Expiration Date</b>
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**Date Appointed**

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

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<b>Establishment Name(s)</b>	<b>Location(s)</b>	<b>Establishment License #</b>
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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.

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**Embalmer in Charge**

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**Establishment Owner**

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**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](http://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

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**Establishment Name**

**License Number**

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**Street Address**

**City**

**Zip**

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**Embalmer in Charge**

**License Number**

**Expiration Date**

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**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.**

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**Establishment Owner**

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