



APPOINTMENT OF FUNERAL DIRECTOR IN CHARGE

(For Funeral Establishments Only)

ALL information is required. Incomplete forms WILL NOT be processed.

Establishment Name _____ Establishment License Number _____

Street Address _____ City _____ Zip _____

Email _____

Funeral Director in Charge _____ License Number _____ Expiration Date _____

_____ Date Appointed

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

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

Establishment Name(s) _____ Owner (s) _____ Establishment License # _____

As the Funeral Director 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.

_____ Funeral Director in Charge _____ Date _____

_____ Establishment Owner _____ Date _____

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



REMOVAL OF FUNERAL DIRECTOR IN CHARGE

(For Funeral Establishments Only)

ALL information is required. Incomplete forms WILL NOT be processed.

Establishment Name **Establishment License Number**

Street Address **City** **Zip**

Funeral Director 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 Funeral Director in Charge. I will notify the Commission in writing within 15 days of the appointment of a new Funeral Director in Charge. I certify to the correctness contained in this application.

Establishment Owner

Date