



TEXAS FUNERAL SERVICE COMMISSION

APPOINTMENT OF FUNERAL DIRECTOR IN CHARGE

Establishment Name	License Number
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Street Address	City	Zip
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Funeral Director in Charge	License Number	Expiration Date
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Date Appointed

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

Establishment Name(s)	Location(s)	Establishment License #
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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

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 FUNERAL DIRECTOR IN CHARGE

Establishment Name

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

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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