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9001

F# _____

For agency use ONLY

LICENSE VERIFICATION Request Form

\$30.00 Non-Refundable fee

All information is required. Incomplete applications will not be processed and WILL be returned.

Name _____
(Last) (First) (Middle)

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Social Security # _____

License # _____ Expiration Date _____

Email _____

Telephone _____

\$30.00 FEE INCLUDED

I hereby certify that I am the above licensee and all information provided is true and correct.

Signature of Applicant

Date

Please Mail Completed Application and Fee to:

Texas Funeral Service Commission
333 Guadalupe St., Suite 2-110
Austin, Texas 78701