



**Texas Funeral Service Commission  
License Verification Request**

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_ Telephone \_\_\_\_\_  
(MANDATORY)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_  
(MANDATORY) (MANDATORY)

License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
(MANDATORY)

\$30.00 FEE INCLUDED

**\*\* INCOMPLETE FORMS WILL NOT BE PROCESSED \*\***

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

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**Mail to:  
Texas Funeral Service Commission  
333 Guadalupe St., Suite 2-110  
Austin, Texas 78701**