



**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

Subscribed and sworn to me, the undersigned Notary Public of the State of Texas on this the _____ day of _____, _____. My Commission expires on _____.

(SEAL)

Signature of Notary Public

Mail to: Texas Funeral Service Commission, P.O. Box 12217, Austin, Texas 78711