

Texas Funeral Service Commission Funeral Director / Embalmer Renewal Application

- Complete ALL SECTIONS of this application and RETURN THIS FORM with ALL requested information along with the appropriate fee(s). **INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**
- **Renewal Fees and Application must be RECEIVED on or before Expiration Date. Make payment by money order or check only.**
- Licenses cannot be renewed until all fees and penalties are paid and all continuing education requirements have been met. No person may renew a license if he/she is in default on a loan guaranteed by the Texas Guaranteed Student Loan Corporation (TGS LC). Contact TGS LC at (800) 252-9743.
- A license expired for one year or more **CANNOT** be renewed. Contact the agency for more information.

Licensee Name: _____

License Number(s) _____ **License Expiration:** _____

Please check appropriate box:

	Renew by expiration date	1-90 days past expiration date	91-365 days past expiration date
Funeral Director OR Embalmer	<input type="checkbox"/> \$197	<input type="checkbox"/> \$289.50	<input type="checkbox"/> \$382
Funeral Director AND Embalmer (Dual)	<input type="checkbox"/> \$332	<input type="checkbox"/> \$492	<input type="checkbox"/> \$652
Funeral Director OR Embalmer – ACTIVE Retired or Disabled Status	<input type="checkbox"/> \$104.50	<input type="checkbox"/> \$150.75	<input type="checkbox"/> \$197
Funeral Director AND Embalmer (Dual) – ACTIVE Retired or Disabled Status	<input type="checkbox"/> \$172	<input type="checkbox"/> \$252	<input type="checkbox"/> \$332
Funeral Director OR Embalmer – INACTIVE Retired or Disabled Status	<input type="checkbox"/> \$12	<input type="checkbox"/> \$12	<input type="checkbox"/> \$12
Funeral Director AND Embalmer (Dual) – INACTIVE Retired or Disabled Status	<input type="checkbox"/> \$12	<input type="checkbox"/> \$12	<input type="checkbox"/> \$12

Please verify and correct your identifying information and mailing address:

Gender: _____ SSN: _____ DOB: _____

PREVIOUS ADDRESS ON FILE:

UPDATE ADDRESS AS FOLLOWS:

Address	
City	
State/Zip	
Phone	
Phone	

Address	
City	
State/Zip	
Phone	
Phone	

HOME ADDRESS IF DIFFERENT THAN MAILING ADDRESS:

Address	
City	
State/Zip	
Phone	

SECTION A – Criminal History

Since your last license issuance, have you been convicted of a Felony or a Misdemeanor? Yes No

If you answered “yes,” please explain in detail and include the outcome. _____

(Attach additional pages/documentation as necessary.)

SECTION B – Continuing Education Certification

Sixteen hours of Continuing Education are required to renew a license unless retired or disabled. In the space provided below, list the continuing education training attended during the current renewal period. (Use extra sheet of paper if necessary.)

Provider Name	Date Attended	Credit Hours Awarded	Provider Approval #

By signing below I attest to the fact the information on this form, as well as the information on any attachment(s) sent to the Texas Funeral Service Commission associated with submittal of this renewal, is true and correct. Additionally, I attest to the fact that I have completed the required number of continuing education hours needed for renewal of my license. I understand that providing false or incorrect information may constitute a violation of the Texas Funeral Service Commission Rules and Regulations and may be grounds for revocation, suspension, penalties, or refusal to issue or renew the individual license.

Printed Name

Signature

Date

License Number

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