

**Texas Funeral Service Commission**  
**Provisional 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.
- **A provisional license that is not renewed will be CANCELLED after 90 days.**
- Use one form to renew both Provisional Funeral Director & Embalmer licenses, if applicable.

**Provisional Licensee Name:** \_\_\_\_\_

**Provisional Funeral Director License Number** \_\_\_\_\_ **License Expiration:** \_\_\_\_\_

**Provisional Embalmer License Number** \_\_\_\_\_ **License Expiration:** \_\_\_\_\_

**Please check appropriate box(es):**

- \$69.00            Renewal fee for a Provisional Funeral Director license if not Expired.
- \$135.00          Renewal fee PLUS late penalty fee for a Provisional Funeral Director License if Expired.
- \$69.00            Renewal fee for a Provisional Embalmer license if not Expired.
- \$135.00          Renewal fee PLUS late penalty fee for a Provisional Embalmer License if Expired.

**Please verify and correct your mailing address and identifying information:**

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

**PREVIOUS ADDRESS ON FILE:**

Address	
City	
State/Zip	
Phone	
Phone	

**UPDATE ADDRESS AS FOLLOWS:**

Address	
City	
State/Zip	
Phone	
Phone	

**HOME ADDRESS IF DIFFERENT THAN MAILING ADDRESS:**

Address	
City	
State/Zip	
Phone	

**Criminal History Section**

Have you:

Been convicted of a felony or misdemeanor since license issued?  Yes  No

If yes, when did you notify the Commission?

If you have answered "yes" to the above question, please explain in detail and include the outcome. (Attach additional pages/documentation as necessary.)

College of Mortuary Science currently attending: \_\_\_\_\_

Estimated graduation date: \_\_\_\_\_

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. 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 provisional license.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
License Number

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

## **EMPLOYER INFORMATION**

**PLEASE LIST YOUR CURRENT PLACE OF EMPLOYMENT AND A TELEPHONE NUMBER FOR OUR RECORDS. FAILURE TO COMPLETE THIS SECTION MAY RESULT IN YOUR LICENSE NOT BEING RENEWED.**

**If you change your place of employment, please notify the Texas Funeral Service Commission in writing.**

<b>Licensee Name and License Number</b>
<b>Establishment Name</b>
<b>Establishment Address</b>
<b>Establishment Phone</b>
<b>Licensee E-Mail Address</b>