



## **APPOINTMENT OF EMBALMER IN CHARGE**

(For Commercial Embalming Facilities Only)

Provide all information requested on this form. The Commission will return incomplete applications.

**Please do not send prior to the appointment/removal date or the Commission will ask you to resend.**

Establishment Name \_\_\_\_\_

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

Email Address \_\_\_\_\_

Address \_\_\_\_\_

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

New EIC Name \_\_\_\_\_

New EIC License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Date Appointed \_\_\_\_\_

(Cannot be for future date)

Are you currently serving as FDIC/EIC at any other location(s)? \*Yes \_\_\_\_\_ No \_\_\_\_\_

**\*NOTE:** Per TFSC rule, an individual may NOT serve as FDIC/EIC at multiple locations unless the locations are within 100 miles of each other and have the exact same ownership.

Establishment Name(s)	Location(s)	Establishment License #
_____	_____	_____
_____	_____	_____

As the Embalmer in Charge, I am responsible to the Commission for the legal and ethical operation of this establishment and understand that I may be served with administrative process when violations are alleged to have been committed by the funeral establishment. I will notify the Commission in writing immediately if and when the relationship is terminated. I certify to the correctness contained in this application.

Embalmer in Charge Signature \_\_\_\_\_ Date \_\_\_\_\_

Establishment Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Email to:  
[LICENSING@tfsc.texas.gov](mailto:LICENSING@tfsc.texas.gov)



## **REMOVAL OF EMBALMER IN CHARGE**

**(For Commercial Embalming Facilities Only)**

Provide all information requested. The Commission will return incomplete applications.

**Please do not send prior to the date appointed/removed or the Commission will ask you to resend.**

Establishment Name \_\_\_\_\_

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

Email Address \_\_\_\_\_

Address \_\_\_\_\_

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

Name of EIC Removing \_\_\_\_\_

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

Date of Removal \_\_\_\_\_

**(Cannot be for future date)**

**As the Owner/Manager of the Funeral Establishment, I do hereby authorize the removal of the above listed person as Embalmer in Charge. I will notify the Commission in writing within 15 days of the appointment of a new Embalmer in Charge. I certify to the correctness contained in this application.**

\_\_\_\_\_  
Establishment Owner/Manager

Date

Please Email to:  
[LICENSING@tfsc.texas.gov](mailto:LICENSING@tfsc.texas.gov)