



APPOINTMENT OF FUNERAL DIRECTOR IN CHARGE
(For Funeral Establishments Only)

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

Please do not send prior to the date of appointment/removal or the Commission will require resubmission.

Establishment Name _____

Email Address _____

Establishment License Number _____

Address _____

City _____ State _____ Zip _____

New FDIC Name _____

New FDIC License # _____ Expiration Date _____

Date _____

(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 #
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_____	_____	_____
_____	_____	_____

As the Funeral Director 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.

Funeral Director in Charge Signature

Date

Establishment Owner Signature

Date

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



REMOVAL OF FUNERAL DIRECTOR IN CHARGE
(For Funeral Establishments Only)

ALL information is required. Incomplete forms WILL NOT be processed.

Please do not send prior to the date appointed/removed or you will be asked to resend.

Establishment Name _____

Establishment License Number _____

Address _____

City _____ State _____ Zip _____

Name of FDIC 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 Funeral Director in Charge. I will notify the Commission in writing within 15 days of the appointment of a new Funeral Director in Charge. I certify to the correctness contained in this application.

Establishment Owner/Manager _____

Date _____

Please Email to:
LICENSING@tfsc.texas.gov