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For agency use ONLY

## LICENSE VERIFICATION Request Form

**\$30.00 Non-Refundable fee**

**All information is required. Incomplete applications will not be processed and WILL be returned.**

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Email \_\_\_\_\_

Telephone \_\_\_\_\_

\$30.00 FEE INCLUDED

I hereby certify that I am the above licensee and all information provided is true and correct.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**Please Mail Completed Application and Fee to:**

Texas Funeral Service Commission  
1801 Congress Ave, Suite 11-800  
Austin, Texas 78701