



5131
9001

F# _____

For agency use ONLY

OUT OF STATE License Certification Request

\$50.00 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 # _____

Email _____

License # _____ Expiration Date: _____

Telephone _____

\$50.00 FEE INCLUDED

Check one below:

- License Verification/Certification form from the state where you are applying included.
- Texas License Verification form needed. (State where you are applying does not supply separate form).

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

Signature of Applicant

Date

Please Mail Completed Form and Fee to:
Texas Funeral Service Commission
1801 Congress Ave, Suite 11-800
Austin, Texas 78701