



## **REINSTATEMENT APPLICATION** **Funeral Director / Embalmer**

### **Application Checklist & Instructions**

- APPLICATION FOR REINSTATEMENT OF LICENSE.** All sections must be complete. If you answered yes to either question 1 or 2 on page one of the application, complete the “Criminal History Questionnaire for Applicants” Form and submit all requested information.
- COPIES OF CONTINUING EDUCATION CERTIFICATES.** Sixteen hours of continuing education are required to reinstate a license.
- PROOF OF GRADUATION FROM AN ACCREDITED MORTUARY SCHOOL OR COLLEGE.** Submit official/certified transcript from the Mortuary School from which you graduated.
- TEXAS MORTUARY LAW EXAM SCORE AND DATE TAKEN.** Under Tex. Admin. Code, Title 22, Part 10, Rule 203.1(4), an applicant must *re-take* and pass the State Mortuary Law Exam prior to reinstatement.
- NATIONAL BOARD EXAMINATION SCORE.** Submit official scores from The International Conference of Funeral Service Examining Boards for either National Board Examination – Arts OR State Board Examination – Arts (if available)

### **After the Commission Receives your completed Reinstatement Application:**

- FBI BACKGROUND CHECK.** Once your application has been received, staff will email you with the instructions on obtaining your background check. Please make sure you submit your application with a **valid & legible** email address as this is where the instructions will be sent.

**Once an application has been processed and accepted, the applicant will be notified via email of total fees due.**

Licenses cannot be reinstated until all fees and penalties are paid and all continuing education requirements have been met.

**It is unlawful to practice funeral directing and embalming in the state of Texas without a valid funeral director/embalming license.**

### **Please Mail Completed Application to:**

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



## Reinstatement Application

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

**Requesting to Reinstatement:** Funeral Director \_\_\_\_\_ Embalmer \_\_\_\_\_ Dual \_\_\_\_\_

Name \_\_\_\_\_  
(MAIDEN NAME)

Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

TFSC License # \_\_\_\_\_ Date Expired \_\_\_\_\_

Mortuary School \_\_\_\_\_ Date Graduated \_\_\_\_\_

National (State) Board Exam Scores -- Arts \_\_\_\_\_ Science \_\_\_\_\_

NOTE: The Commission only retains license files for 12 months after the license was expired/cancelled. Even if you had previously submitted any information, you must resubmit the information for the application to be considered.

### Criminal History

1. Have you ever been convicted of a felony, found guilty of or entered a plea of guilty or no contest to a felony? YES \_\_\_\_\_ NO \_\_\_\_\_
2. Have you ever been convicted of a misdemeanor, found guilty of or entered a plea of guilty or no contest to a misdemeanor? YES \_\_\_\_\_ NO \_\_\_\_\_
3. I have previously appeared before the Commission regarding convictions. YES \_\_\_\_\_ NO \_\_\_\_\_

If you answered yes to questions 1 or 2, you will need to complete the "Criminal History Questionnaire for Applicants" Form that is located on our website and submit all requested information. Your application for licensure will not be considered until this form and requested information has been received.

**Explain Why License lapsed for more than a year:**

---

---

---

---

---

---

---

---

Please check boxes below to affirm statements and sign application

- I certify I have carefully read the questions on this application and have answered them completely and truthfully.
- I certify I have completed the required continuing education needed to reinstate my license.
- I declare under penalty of perjury that my answers and all other statements or information submitted by me in this application process are true and correct. If it is determined at any time that I have provided misleading or false information on or in support of this application, I understand that my application may be denied.

---

Applicant Signature Date

**All information provided on this application will be verified by the Texas Funeral Service Commission. Please be advised that falsification of any portion of this document could result in the denial of license issuance.**

**Please Mail Completed Application to:**  
Texas Funeral Service Commission  
1801 Congress Ave, 11-800  
Austin, Texas 78701