



LICENSE VERIFICATION REQUEST

**Mail to: Texas Funeral Service Commission, P.O. Box 12217, Capitol Station,
Austin, TX 78711
(\$30.00 FEE)**

**ALL INFORMATION MUST BE SUPPLIED-INCOMPLETE FORMS WILL NOT BE
PROCESSED**

Name _____
(Last) (First) (Middle)

Address _____ Telephone _____
City _____ State _____ Zip _____
(MANDATORY)

Date of Birth _____ Social Security # _____
(MANDATORY) (MANDATORY)

License # _____ Expiration Date: _____
(MANDATORY)

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

Signature of Applicant **Date:** _____

Sworn to and subscribed before me, the undersigned authority, on this the _____ day of _____, 2011.

Notary Public

Notary Public in and for _____

(Seal)