



## OUT OF STATE LICENSE CERTIFICATION REQUEST

Mail to: Texas Funeral Service Commission, P.O. Box 12217, Capitol Station,  
Austin, TX 78711  
(\$50.00 FEE)

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

***YOU MUST ALSO INCLUDE THE LICENSE  
VERIFICATION/CERTIFICATION FORM FROM THE STATE YOU  
ARE APPLYING***

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

Address \_\_\_\_\_ Telephone \_\_\_\_\_  
(MANDATORY)

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

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)