



TEXAS FUNERAL SERVICE COMMISSION

O. C. "Chet" Robbins, Executive Director

APPLICATION FOR DUPLICATE LICENSE

Name _____
(License Number)

Address _____
(street)

(city) (state) (zip code)

(telephone)

I hereby request that a duplicate license be issued to me, the current license holder. I have attached an affidavit verifying (1) loss or destruction of the license; (2) that the license holder is the person to whom the license was issued; and (3) any other information concerning the loss or destruction of the license the commission may require.

Additionally, I have enclosed the appropriate fee of \$25.00 for the re-print of the license.

I certify that the statements on this application, and any attached documents, are true and correct.

Applicant Signature

Subscribed and sworn to before me on this _____ day of _____
20_____.

(SEAL) _____
Notary Public in and for the State of Texas

My Commission Expires _____

Address:
P. O. Box 12217
Capitol Station
Austin, Texas 78711

Toll Free: (888) 667-4881
Tel: (512) 936-2474
Fax: (512) 479-5064
website: www.tfsc.state.tx.us

Physical Address:
333 Guadalupe Street
Suite 2-110
Austin, Texas 78701