



TEXAS FUNERAL SERVICE COMMISSION

APPOINTMENT OF EMBALMER IN CHARGE

Establishment Name _____ License Number _____

Street Address _____ City _____ Zip _____

Embalmer in Charge _____ License Number _____ Expiration Date _____

Date Appointed _____

Are you currently serving as EIC at any other location?

Yes _____ No _____

Name of other establishment _____

Street Address _____ City _____ Zip _____

As the Embalmer in Charge, I am responsible to the Commission for the legal and ethical operation of this establishment and understand that I may be served with administrative process when violations are alleged to have been committed by the commercial embalmers establishment. I will notify the Commission in writing immediately if and when the relationship is terminated. I certify to the correctness contained in this application.

Embalmer in Charge

Establishment Owner

Subscribed and sworn to me, the undersigned Notary Public of the State of Texas, on this the _____ day of _____, _____.

Notary Public (seal) My Commission Expires _____

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

Toll Free: (888) 667-4881
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