

BOARD OF DIRECTORS

MARK N. CRADDOCK  
CITRONELLE

JOE E. LEWIS  
OZARK

SAMUEL SEROYER  
LAFAYETTE

BART KIRTLAND  
BOAZ

JOHN C. RUDDER  
SCOTTSBORO

CALVIN MEADOWS  
MONTEVALLO

JASON WYATT  
TUSCALOOSA



STATE OF ALABAMA  
ALABAMA BOARD OF FUNERAL SERVICE  
ALABAMA STATEHOUSE SUITE 204  
11 SOUTH UNION STREET  
MONTGOMERY, ALABAMA 36130

(334) 242-4049

STAFF

CHARLES M. PERINE  
EXECUTIVE SECRETARY

E. DENISE GROGAN  
ASSOCIATE EXECUTIVE SECRETARY

SHERRY DAWSON  
ADMINISTRATIVE ASSISTANT

T. CAMERON MCEWEN  
LEGAL COUNSEL

MAILING ADDRESS:  
P.O. BOX 309522  
MONTGOMERY, AL36130-9522

**RENEWAL APPLICATION**

Renewal of Funeral Director and/or Embalmer and/or Practical Embalmer licenses for the period of October 1, 2013, through September 30, 2014, is now due. Please complete the information below and return with the appropriate fees to the Board office. **Please PRINT or TYPE all information!!**

**This form must accompany your renewal fee.**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ARE YOU EMPLOYED BY A FUNERAL ESTABLISHMENT?  YES  NO

FULL TIME:  PART TIME:  BUSINESS PHONE: \_\_\_\_\_

ESTABLISHMENT NAME: \_\_\_\_\_

ESTABLISHMENT ADDRESS: \_\_\_\_\_

Have you ever been convicted or plead guilty to a felony or misdemeanor, other than a traffic violation WITHIN THE PAST TWELVE MONTHS?  YES  NO If yes, please attach details.

I certify that I am a citizen of the United States or legally present in the United States?  YES  NO

\_\_\_\_\_  
(SIGNATURE OF APPLICANT)

\*\*APPRENTICE FUNERAL DIRECTOR \_\_\_\_\_ \$20.00

\*\*APPRENTICE EMBALMER \_\_\_\_\_ \$20.00

**\*\*Apprentice must complete and return case report and annual report.**

All renewal applications must be returned with fees by October 1, 2013. A penalty fee of **\$50.00** will be due on each license renewed after October 1, 2013, through March 31, 2014. After this period, any lapsed license may be reinstated only by complying with the provisions relating to the issuance of an original license, in addition to payment of all lapsed fees and penalties.

ANNUAL REPORT
APPRENTICE FUNERAL DIRECTOR

TO: THE ALABAMA BOARD OF FUNERAL SERVICE

FROM: \_\_\_\_\_

NAME OF APPRENTICE

RESIDENCE ADDRESS

Period covered by report: \_\_\_\_\_ to \_\_\_\_\_

Name and address of Establishment at which apprenticeship is being served:

Establishment Name

Address

SUPERVISING FUNERAL DIRECTOR:

NAME: \_\_\_\_\_ LICENSE No.: \_\_\_\_\_

Pursuant to Section 34-13-132, Code of Alabama, 1975 Legislature, I report as follows:

- 1. I have devoted not less than thirty(30) hours per week to the duties of my apprenticeship;
2. I have not been absent from duty, other than is provided by the Act, and have secured the required approvals for any extensions to my training period.
3. I have been, and an now in compliance with the code of conduct prescribed by section 34-13-134.
4. During the period covered by this report I have assisted in conducting \_\_\_\_\_ funerals;
5. During the period covered by this report I have participated in the administration of Funerals with the prescribed training program (Family counseling, selection of services, accounting, etc.);
6. During the period covered by this report I have familiarized myself with the State and Local Laws governing the practice of Funeral Directing.

I represent the above information to be true and correct and realize that any false statements given in this report subjects my License to revocation.

\_\_\_\_\_

(Apprentice Sign Full Name)

CERTIFICATION BY SUPERVISNG FUNERAL DIRECTOR

I have reviewed the report herein made and find it to be true and correct. I recommend the continued Licensing of the Apprentice. I have followed the required Apprentice training program guidelines in directing the training afforded this Apprentice.

\_\_\_\_\_

(Supervising Funeral Director Sign Full Name)

ANNUAL REPORT  
APPRENTICE EMBALMER

TO: THE ALABAMA BOARD OF FUNERAL SERVICE

FROM: \_\_\_\_\_

NAME OF APPRENTICE

RESIDENCE ADDRESS

Period covered by report: \_\_\_\_\_ to \_\_\_\_\_

Name and address of Establishment at which apprenticeship is being served:

\_\_\_\_\_  
Establishment Name

\_\_\_\_\_  
Address

**SUPERVISING EMBALMER:**

NAME: \_\_\_\_\_ LICENSE No.: \_\_\_\_\_

Pursuant to Section 34-13-132, Code of Alabama, 1975 Legislature, I report as follows:

1. I have devoted not less than thirty(30) hours per week to the duties of my apprenticeship;
2. I have not been absent from duty, other than is provided by the Act, and have secured the required approvals for any extensions to my training period.
3. I have been, and an now in compliance with the code of conduct prescribed by section 34-13-134.
4. During the period covered by this report I have assisted in embalming \_\_\_\_\_ bodies;
5. During the period covered by this report I have participated in the vocation of Embalming in accordance with the prescribed training program ( Application of Section 34-13-94 at beginner levels);
6. During the period covered by this report I have familiarized myself with the State and Local Laws governing the practice of Embalming.

I represent the above information to be true and correct and realize that any false statements given in this report subjects my License to revocation.

\_\_\_\_\_  
(Apprentice Sign Full Name)

**CERTIFICATION BY SUPERVISNG EMBALMER**

I have reviewed the report herein made and find it to be true and correct. **I recommend the continued Licensing of the Apprentice.** I have followed the required Apprentice training program guidelines in directing the training afforded this Apprentice.

\_\_\_\_\_  
(Supervising Embalmer Sign Full Name)

ALABAMA BOARD OF FUNERAL SERVICE  
P.O. Box 309522  
MONTGOMERY, AL 36130

***RENEWAL***