

ALABAMA BOARD OF FUNERAL SERVICE  
MORTUARY SERVICE RENEWAL APPLICATION  
(Submit Separate Application for each Establishment)

From: \_\_\_\_\_  
(Name of Mortuary Service)

Bus. Address: \_\_\_\_\_  
(Street & No.) (City) (State) (Zip) (Tel. No.)

Mailing Address: \_\_\_\_\_

EMAIL Address: \_\_\_\_\_

Application is hereby submitted for renewal of license as funeral establishment operator under the provision of Section 34-13-53, Code of Alabama, 1975, for the **fiscal year ending September 30, 2018** . The renewal fee of **\$250.00** is included. Any renewal application submitted after October 1<sup>st</sup> shall include a **\$50.00** penalty fee.

1. MANAGING EMBALMER: \_\_\_\_\_  
(NAME) (LICENSE #)

\_\_\_\_\_  
(STREET ADDRESS/P.O. BOX) (CITY) (STATE) (ZIP) (PHONE)

TYPE OF OWNERSHIP: Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ LLC \_\_\_\_\_

\*\*If Proprietorship or Partnership, **LIST** name(s) of owner(s). If Corporation or LLC, **LIST** corporate name, officers, and titles of those officers. **If this portion is not completed the renewal application will not be processed.** (If additional space is needed, please provide information on an enclosed sheet.)

I understand that any false information will subject my license to suspension or revocation.

\_\_\_\_\_  
SIGNATURE RELATIONSHIP TO ESTABLISHMENT

Sworn and subscribed before me, a Notary Public in State of Alabama on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Seal

\_\_\_\_\_  
Notary

My Commission Expires: \_\_\_\_\_

Office Use Only

Received:	Posted:	CA, CK, CC, CCK, MO:	Posted By:	Control No.:
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