



# ALABAMA BOARD OF FUNERAL SERVICE

[www.fsb.alabama.gov](http://www.fsb.alabama.gov)

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## Managing Cremationist

\_\_\_\_\_, 20\_\_

I \_\_\_\_\_ a licensed funeral director \_\_\_\_\_  
(full name) (funeral director licensenumber)

And a licensed cremationist \_\_\_\_\_ accepts the duties and responsibilities  
(cremationist license number)

as of \_\_\_\_\_ as the **Managing Cremationist** of  
(date)

\_\_\_\_\_. I understand and affirm that I will be in full charge, control  
(name of establishment)

and supervision of all activities involving cremation at the above-named funeral establishment as stated in §34-13-1

(a)(29) Code of Alabama, 1975 and Administrative Code 395.

\_\_\_\_\_  
(signature of licensed funeral director and cremationist)

*Subscribed and sworn to before me, a Notary in the State of Alabama this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.*

\_\_\_\_\_  
Notary

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