

Please Type or Print in Ink

**AFFIDAVIT  
(TWO REQUIRED)**

(In Support of Application for Initial Licensing as Funeral Director)

To: THE ALABAMA BOARD OF FUNERAL SERVICE

Applicant Name: \_\_\_\_\_  
(First) (Middle) (Last)

Physical Residence Address: \_\_\_\_\_  
(Address) (City, State, Zip, Telephone Number)

Business Address: \_\_\_\_\_  
(Address) (City, State, Zip, Telephone Number)

The following affidavit is submitted in support of my first original License as FUNERAL DIRECTOR under section 34-13-71, Code of Alabama, 1975.

**TO BE EXECUTED BY LICENSED FUNERAL DIRECTOR**

I depose and say that I have known \_\_\_\_\_ for \_\_\_\_\_ years  
(Name of Applicant)

and have personal knowledge of this person's good character and reputation. This applicant has to my knowledge and observation satisfactorily performed the duties of Apprentice FUNERAL DIRECTOR for \_\_\_\_\_ years at the following establishments for the periods shown:

_____ (Establishment Name)	_____ (City)	FROM	_____ (Dates)	TO
_____ (Establishment Name)	_____ (City)	FROM	_____ (Dates)	TO
_____ (Establishment Name)	_____ (City)	FROM	_____ (Dates)	TO

I have been and am currently licensed as a Funeral Director in Alabama. My Alabama License No. is \_\_\_\_\_.

I UNDERSTAND THAT ANY FALSE STATEMENT GIVEN HEREIN WILL SUBJECT MY ALABAMA LICENSE AS FUNERAL DIRECTOR TO DENIAL OR REVOCATION.

\_\_\_\_\_  
(Printed name of Licensed Funeral Director)

\_\_\_\_\_  
(Signature of Licensed Funeral Director)

\_\_\_\_\_  
(Address) (Telephone No.)

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

Seal

\_\_\_\_\_  
Notary Public  
My Commission Expires \_\_\_\_\_.