



PHYSICAL ADDRESS:
 400 SOUTH UNION STREET SUITE 395
 MONTGOMERY, ALABAMA 36104
 WEBSITE: www.fsb.alabama.gov

MAILING ADDRESS:
 P.O. BOX 309522
 MONTGOMERY, AL 36130-9522
 PHONE: 334.242.4049
 FAX: 334-353-7988

**Alabama Board of Funeral Service
 APPLICATION FOR CHANGE OF OWNERSHIP**

THE APPLICATION FEE MUST ACCOMPANY THIS APPLICATION. *(All application fees are non-refundable)*

PLEASE PRINT

| | | | |
|--|-----------------|----------------|----------------|
| NAME OF FUNERAL ESTABLISHMENT | | | |
| MAILING ADDRESS | CITY | STATE | ZIP |
| PHYSICAL ADDRESS | CITY | STATE | ZIP |
| EMAIL ADDRESS* | | CONTACT NUMBER | |
| COUNTY | DISTRICT NUMBER | | |
| NAME OF ESTABLISHMENT AND OWNER THAT IS BEING BOUGHT OUT | | | |
| <p>APPLICATION IS HEREBY SUBMITTED FOR LICENSE AS A FUNERAL ESTABLISHMENT UNDER THE PROVISIONS OF SECTION 34-13-111 CODE OF ALABAMA, FOR THE FISCAL YEAR ENDING OCTOBER 1, 20 . ATTACHED HERETO ARE THE LICENSE FEE OF <u>\$250.00</u> AND A REDACTED COPY OF THE ASSETS PURCHASE AGREEMENT. APPLICANT HAS READ AND UNDERSTANDS AND AGREES TO ABIDE BY THE PROVISIONS OF TITLE 34, CHAPTER 13, CODE OF ALABAMA 1975, AND ADMINISTRATIVE CODE 395, WHICH GOVERNS THE ISSUANCE OF THE LICENSE REQUESTED. IN SUPPORT OF THIS APPLICATION THE INFORMATION BELOW IS SUBMITTED AND ATTESTED.</p> <p>THE NAME AND ADDRESS OF THE FUNERAL ESTABLISHMENT REQUESTED TO BE LICENSED IS AS STATED ABOVE.</p> | | | |
| NAME OF MANAGING FUNERAL DIRECTOR | LICENSE NUMBER | CONTACT NUMBER | |
| PHYSICAL ADDRESS | CITY | STATE | ZIP |
| NAME OF MANAGING EMBALMER | LICENSE NUMBER | CONTACT NUMBER | |
| PHYSICAL ADDRESS | CITY | STATE | ZIP |
| NAME OF MANAGING CREMATIONIST (IF APPLICABLE) | LICENSE NUMBER | CONTACT NUMBER | |
| PHYSICAL ADDRESS | CITY | STATE | ZIP |
| THE FUNERAL ESTABLISHMENT IS OWNED BY | | | |
| <input type="checkbox"/> INDIVIDUAL PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC | | | |
| IF INDIVIDUAL PROPRIETOR OR PARTNERSHIP LIST NAME AND ADDRESS OF EACH OWNER | | | |
| NAME | ADDRESS | CITY/STATE/ZIP | CONTACT NUMBER |
| NAME | ADDRESS | CITY/STATE/ZIP | CONTACT NUMBER |
| NAME | ADDRESS | CITY/STATE/ZIP | CONTACT NUMBER |
| IF CORPORATION OR LLC LIST CORPORATE NAME AND OFFICERS _____ | | | |
| (CORPORATE NAME) | | | |

NAME, OFFICE ADDRESS CITY/STATE/ZIP CONTACT NUMBER

NAME, OFFICE ADDRESS CITY/STATE/ZIP CONTACT NUMBER

ADDRESS CITY/STATE/ZIP CONTACT NUMBER

STATE, COUNTY, DATE OF INCORPORATION: _____

WILL THE ESTABLISHMENT SELL PRE-NEEDS? YES NO IF YES, CERTIFICATE OF AUTHORITY NUMBER: _____

DOES THE ESTABLISHMENT HAVE A CREMATORY ON THE PREMISES? YES NO IF YES, COMPLETE A CREMATORY REGISTRATION

WILL THE CREMATORY DO THIRD PARTY CREMATIONS? (IF APPLICABLE) YES NO

WILL EMBALMING OCCUR AT THIS ESTABLISHMENT? YES NO IF NO, WHERE WILL EMBALMING OCCUR: _____

IF EMBALMING WILL NOT OCCUR AT THIS ESTABLISHMENT, I CERTIFY THAT THE ESTABLISHMENT HAS A HOLDING ROOM THAT MEETS THE FOLLOWING REQUIREMENTS: UNDER THE SAME OWNERSHIP AS THE EMBALMING FACILITY, IS WITHIN A 25 MILE RADIUS OF THE EMBALMING FACILITY LOCATED IN THIS STATE, NON-POROUS FLOORS AND WALLS, HOT AND COLD RUNNING WATER, REQUIRED WITH A ASPIRATOR, TROCAR, NASAL TUBE ASPIRATOR, ASPIRATING HOSES, ADEQUATE DRAINAGE, CONTAINERS FOR SOILED LINEN, CLOTHING AND WASTE DISPOSAL, AND ADEQUATE LIGHTING. IF THIS ESTABLISHMENT IS REGISTERED AS A BRANCH LOCATION AND THE EMBALMING FACILITY CLOSSES, THE BRANCH LOCATION HOLDING ROOM MUST BE CONVERTED AND MEET THE REQUIREMENTS OF AN EMBALMING ROOM.

I CERTIFY THAT THE FUNERAL ESTABLISHMENT, EQUIPMENT, INVENTORY, SUPPLIES, PERSONNEL AND PREMISES MEET OR EXCEED THE MINIMUM QUALIFICATIONS REQUIRED BY THE ALABAMA BOARD OF FUNERAL SERVICE FOR CERTIFICATION AND LICENSING.

I CERTIFY THAT THE FUNERAL ESTABLISHMENT HAS A SANITARY PROPERLY EQUIPPED EMBALMING ROOM WITH A SANITARY FLOOR, NECESSARY DRAINAGE, VENTILATION, HOT AND COLD RUNNING WATER, APPROVED TABLES, INSTRUMENTS, SUPPLIES FOR THE PREPARATION AND EMBALMING OF DEAD HUMAN BODIES, AT LEAST ONE PROPERLY LICENSED AND OPERATIONAL HEARSE EQUIPPED FOR TRANSPORTING HUMAN REMAINS IN A CASKET OR URN.

THE FUNERAL ESTABLISHMENT HAS A ROOM SUITABLE FOR PUBLIC VIEWING OR OTHER FUNERAL SERVICE THAT IS ABLE TO ACCOMMODATE A MINIMUM OF 100 PEOPLE.

THE FUNERAL ESTABLISHMENT HAS AN ARRANGEMENT OFFICE

THE FUNERAL ESTABLISHMENT HAS A DISPLAY ROOM CONTAINING A STOCK OF ADULT CASKETS AND FUNERAL SUPPLIES DISPLAYED IN FULL SIZE, CUTS, PHOTOGRAMS, OR ELECTRONIC IMAGES.

THE FUNERAL ESTABLISHMENT IS MADE OF _____ CONSTRUCTION. THE APPROXIMATE SQUARE FOOTAGE OF THE BUILDING IS _____.

IT IS PROPOSED THAT THE FUNERAL ESTABLISHMENT WILL BE OPEN (PENDING BOARD APPROVAL) _____

I CERTIFY THAT I AM (OWNER) A CITIZEN OF THE UNITED STATES OR LEGALLY PRESENT IN THE UNITED STATES YES NO (COMPLETE FORM)

I UNDERSTAND THAT ANY FALSE STATEMENT GIVEN HEREIN WILL SUBJECT MY LICENSE TO DENIAL OR REVOCATION

(PRINT NAME)

(SIGNATURE)

(SOCIAL SECURITY NUMBER)

(RELATIONSHIP TO FUNERAL ESTABLISHMENT)

SUBSCRIBED AND SWORN TO BEFORE ME, A NOTARY IN THE STATE OF ALABAMA THIS _____ DAY OF _____, 20_____.

SEAL

NOTARY PUBLIC

MY COMMISSION EXPIRES

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Alabama Board of Funeral Service
APPLICATION FOR FUNERAL ESTABLISHMENT

CHECK THE APPROPRIATE SECTION FR US CITIZEN OR NON-CITIZEN, AND CHECK THE DOCUMENT THAT YOU ARE SUBMITTING TO PROVE US CITIZENSHIP OR LAWFUL PRESENCE IN THE US

I am a United States (US) Citizen. I am submitting the attached copy of my document to prove citizenship/legal presence:

Alabama Driver's License or Identification issued by Department of Public Safety

Driver's License from other state that required proof of lawful presence

Birth Certificate indicating US birth

Valid US Passport

A valid Uniformed Services Privileges and Identification Card

Naturalization documents

Certificate of citizenship

Bureau of Indian Affairs identification

I am NOT a United States Citizen. The copy of the document(s) to prove legal presence I am submitting (and attached to this checklist) is as follows:

I-551 Permanent Resident Card (copy front and back)

I-766 Employment Authorization Card (copy front and back)

IMMIGRATION:

Act No. 2011-535 as amended by Act No. 2012-491 and now codified as Section 31-13-1, et seq., of the Code of Alabama 1975 is referred to as Alabama's Immigration Law or the Beason-Hammon Act and imposes certain requirements on persons applying for or renewing a professional license. Specifically, Section 31-13-29 of the Code of Alabama 1975 requires that applicants applying for or renewing a professional license must demonstrate his or her United States citizenship, or if not a United States Citizen, his or her lawful presence in the United States. The Immigration Law also provides that a citizen shall not be required to demonstrate citizenship for subsequent transactions. Please see below for two lists of documents, one to demonstrate a person's United States citizenship or the other to demonstrate lawful presence in the United States. You must select your appropriate status, choose the appropriate document(s) from the list of documents, include a copy of the selected document(s) with this form and submit it with your application.

I CERTIFY UNDER PENALTY OF PERJURY THAT ALL REPRESENTATIONS MADE ON THIS FORM AND ATTACHMENTS ARE TRUE AND ACCURATE.

NAME: _____

SIGNATURE: _____

ALABAMA BOARD OF FUNERAL SERVICE
CHANGE OF OWNERSHIP APPLICATION
(Submit Separate Application for each Establishment)

Managing Embalmer

_____, 20____

I _____ licensed embalmer _____
(full name) (Embalmer license number)

as of _____ accept the duties and responsibilities as the **Managing**
(date)

Embalmer of _____ . I understand
(name of funeral establishment)

and affirm that I will be in full charge, control and supervision of all activities involving the preparation room and embalming at the above-named funeral establishment as stated in §34-13-1 (a)(30) Code of Alabama, 1975 and Administrative Code 395.

(signature of licensed embalmer)

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

Notary _____

My Commission expires _____

SEAL

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

Managing Funeral Director

_____, 20____

I _____ licensed funeral director _____
(full name) (funeral director licensenumber)

as of _____ accept the duties and responsibilities as the **Managing**
(date)

Funeral Director of _____ . I understand
(name of funeral establishment)

and affirm that I will be in full charge, control and supervision of all activities involving funeral directing at the above-named funeral establishment as stated in §34-13-1 (a)(31) Code of Alabama, 1975 and Administrative Code 395.

(signature of licensed funeral director)

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

Notary _____

My Commission expires _____

SEAL

ALABAMA BOARD OF FUNERAL SERVICE
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Managing Cremationist

_____, 20____

I _____ a licensed funeral director _____
(full name) (funeral director license number)

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

SEAL