

WILL THE CREMATORY DO CREMATIONS FOR THIRD PARTIES? YES NO

I CERTIFY THAT THE ESTABLISHMENT AND CREMATORY, EQUIPMENT, INVENTORY, SUPPLIES, PERSONNEL AND PREMISES MEET OR EXCEED THAT MINIMUM QUALIFICATION REQUIRED BY LAW FOR CERTIFICATION AND LICENSING.

I CERTIFY THAT THE ESTABLISHMENT HAS A HOLDING ROOM THAT IS A MINIMUM OF 100 SQ.FT. WITH NON-POROUS FLOORS AND WALLS LOCATED WITHIN THE CREMATORY DESIGNATED FOR THE RETENTION OF HUMAN REMAINS BEFORE AND AFTER CREMATION THAT IS SECURED BY LOCKING DOORS WITH SIGNS INDICATING "EMPLOYEES ONLY". THE HOLDING ROOM SHALL CONTAIN RECEPTACLES FOR SOILED LINEN, OR CLOTHING AND WASTE DISPOSAL. IT SHALL HAVE ADEQUATE LIGHTING AND SHALL BE KEPT CLEAN OF BLOOD AND AT NO TIME SHALL BE USED AS A STORAGE AREA. ANY OPENINGS SHALL BE SEALED TO PREVENT ODORS FROM ESCAPING INTO PUBLICAREA.

THE CREMATORY HAS OPERABLE REFRIGERATION WHICH SHALL HOLD THE REMAINS OF THREE DECEASED HUMANS AND SHALL MAINTAIN A CONSTANT TEMPERATURE BETWEEN 35 AND 45 DEGREES FAHRENHEIT AT ALL TIMES, OPERABLE CREMATION CHAMBER, OPERABLE PROCESSOR, AND OPERABLE VENTILATION UNIT IN CONJUNCTION WIT THE PROCESSOR.

THE CREMATORY HAS A HAND WASHING SINK WITH HOT AND COLD RUNNING WATER, AND ALL OTHER NECESSARY EQUIPMENT AND SUPPLIES, IN WORKING CONDITION NEEDED TO COMPLETE THE CREMATIONPROCESS

THE CREMATORY SHALL AT ALL TIMES USE COMBUSTIBLE CREMATION CONTAINERS THAT PROVIDE COMPLETE COVERING OF ALL REMAINS INDICATING THE REQUIRED IDENTIFYING INFORMATION OF THE HUMAN REMAINS CONTAINED WITHIN AS PRESCRIBED BY THE BOARD.

THE CREMATORY SHALL AT ALL TIMES USE THE INTERNAL IDENTIFICATION SYSTEM PRESCRIBED BY THE BOARD WHICH SHALL BE PRESENT WITH THE REMAINS THROUGHOUT ALL PHASES OF THE CREMATION PROCESS.

THE CREMATORY SHALL HAVE AN AUTHORIZATION FORM CONTAINING LANGUAGE PRESCRIBED BY THE BOARD IN ADDITION TO THE STATE IDENTIFICATION FORM REQUIRED TO BE PRESENT WITH THE REMAINS THROUGHOUT ALL PHASES OF THE CREMATION PROCESS

THE CREMATION CHAMBER IS MANUFACTURED BY _____

THE CREMATION CHAMBERS MAXIMUM OPERATINGTEMPERATURE _____

NUMBER OF CERTIFIED CREMATIONIST _____

THE ESTABLISHMENT IS MADE OF _____CONSTRUCTION

THE APPROXIMATE SQUARE FOOTAGE OF THE MAIN BUILDING IS _____

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

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



MAILING ADDRESS
 P O BOX 309522
 MONTGOMERY, ALABAMA 36130
 PHONE: 334.242.4049
 FAX: 334.353.7988

Alabama Board of Funeral Service CREMATORY REGISTRATION APPLICATION

CREMATIONIST TRAINING CERTIFICATION			
NAME OF ESTABLISHMENT			
PHYSICAL ADDRESS	CITY	STATE	ZIP
<p>PURSUANT SECTION 34-13-120, CODE OF ALABAMA, 1975, I HEREBY CERTIFY THAT THE FOLLOWING INDIVIDUAL(S) HAVE RECEIVED ADEQUATE AND APPROPRIATE TRAINING AS A CREMATIONIST AND THAT THE CREMATIONIST(S) LISTED HEREIN ARE AUTHORIZED TO PERFORM CREMATIONS CONDUCTED AT THIS ESTABLISHMENT. ALSO PROVIDED IS THE BOARD APPROVED SOURCE OF TRAINING THAT EACH CREMATIONIST RECEIVED LISTING THE EXPIRATION DATE OF THE TRAINING. I UNDERSTAND THAT THE SUBMISSION OF FALSE OR INACCURATE INFORMATION CONCERNING THE CREMATIONIST OR THE SOURCE OF TRAINING COULD SUBJECT MY PERSONAL AN/OR ESTABLISHMENT LICENSE TO SUSPENSION OR REVOCATION.</p>			

NAME OF CREMATIONIST	BOARD APPROVED SOURCE OF TRAINING	EXPIRATION DATE OF TRAINING

SUBSCRIBED AND SWORN TO BEFORE ME, A NOTARY IN THE STATE OF ALABAMA THIS _____ DAY OF _____, 20____.	
SEAL	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> NOTARY PUBLIC
	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> MY COMMISSION EXPIRES

Please Type or Print in Ink

AFFIDAVIT

(In Support of Application for Initial Licensing as Cremationist)

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 CREMATIONIST under section 34-13-120.1, Code of Alabama, 1975.

TO BE EXECUTED BY A CREMATORY OWNER

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 received adequate training to perform the duties of a CREMATIONIST.

I am currently the owner of the above stated establishment that is licensed by the Alabama Board of Funeral Service. I UNDERSTAND THAT ANY FALSE STATEMENT GIVEN HEREIN WILL SUBJECT MY ALABAMA ESTABLISHMENT LICENSE TO DENIAL OR REVOCATION.

(Signature of Crematory Owner)

(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 _____



ALABAMA BOARD OF FUNERAL SERVICE

www.fsb.alabama.gov

400 South Union Street, Suite 395 | (334)242-4049 PHONE
Montgomery, Alabama 36104 | (334) 353-7988 FAX

Email: info@fsb.alabama.gov

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