

Please Type or Print in Ink

ALABAMA BOARD OF FUNERAL SERVICE  
ESTABLISHMENT NAME CHANGE  
APPLICATION

Mail to:  
P.O. Box 309522  
Montgomery, AL 36130

To: THE ALABAMA BOARD OF FUNERAL SERVICE

From: \_\_\_\_\_  
( Current name of Establishment) (License No.) (Phone No.)  
\_\_\_\_\_  
(Physical Address of Establishment) (City) (Zip Code)

1. Pursuant to sections 34-13-111 and 114, Code of Alabama 1975, Application is hereby made to accomplish change of name of the above named Funeral Establishment as follows:

(A) Requested name of Establishment (pending Board approval)

\_\_\_\_\_  
(Requested Name of Establishment) (Phone No.)  
\_\_\_\_\_  
(Physical Address of Establishment ) (City) (Zip Code)

(B) Name and permanent license number of Managing Funeral Director:

\_\_\_\_\_  
(Name: First, Middle, Last) (License Number)

(C) Name and permanent license number of Managing Embalmer:

\_\_\_\_\_  
(Name: First, Middle, Last) (License Number)

(D) Name Change License Fee of \$25.00 is enclosed.

(E) Requested effective date of the Name Change (pending Board approval) \_\_\_\_\_

\_\_\_\_\_  
(Signature of Managing Funeral Director/Owner) (Date)