

Alabama Board of Funeral Service State Laws, Rules, and Regulations (LRR) Exam Registration

Please Print								
First Name	Middle Name			Last Name		Date of Birth MM/DD/YY		
Physical Residence Address				City		State	Zip	
Mailing Address				City		State	Zip	
Home Phone Email								
		Check th	ne examinat	ion you are registering for				
Funeral Director/ Embalmer (LRR)					Cremationist (LRR)			
			Office	Use Only				
Payment Received:	Posted:			CA, CK, CC, CCK, MO:	ск, мо:		Posted By:	
Scheduled Exam Date: Exam complete			eted:		Test Number:			