



Alabama Board of Funeral Service Application for Cremationists License

PART I. APPLICANT IDENTIFYING INFORMATION

| | | | |
|---|-------------|------------------------|----------------|
| First Name | Middle Name | Last Name | Suffix |
| Social Security Number | | Date of Birth MM/DD/YY | |
| Physical Residence Address | | City | State Zip |
| Mailing Address | | City | State Zip |
| Home Phone | Work Phone | Cell Phone | |
| Email | | | |
| County of Residence | | Place of Birth | |
| I certify that I am a citizen of the United States or legally present in the United States? Yes No | | | |
| <p>Section 31-13-29 of the Code of Alabama 1975 requires that applicants applying for or renewing a professional license must demonstrate their United States citizenship, or if not a United States Citizen, their lawful presence in the United States. Please see the Alabama Immigration Law form for two lists of documents, one to demonstrate the applicant'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) and return all this information to this office.</p> | | | |

PART II. LICENSE(S) OR PERMIT(S) APPLYING FOR Check all that apply

Please include all fees with application.

| | | | |
|--------------------------------|--|----------------------------------|--|
| Cremationist (\$50.00): | | Cremationist Special Work Permit | |
| Background Check Fee (\$37.00) | | State Law Exam (\$50.00) | |

Special Work Permits can only be applied for by individuals applying for licensure who have meet all requirements except the Board approved crematory operators training course.

I understand that a Special Work Permit expires one year after issuance or upon certification as having passed a Board approved crematory operators training course. I understand that if I do not complete the crematory operators course within one year I must cease practice unless a Permanent License has been issued.



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PART III. EDUCATION

List the educational institutions attended that satisfy the educational requirement for licensure. Include a copy of your High School Diploma, or Bachelor Degree (whichever is applicable), also include a copy of your crematory operator certification.

| | | |
|--|--|---------------------------------------|
| High School/GED institution attended | | Graduation Date MM DD YY |
| Mortuary School Attended | Degree or Certificate <i>(Official Transcript Required)</i> | Graduation Date MM DD YY |
| School from which Bachelor Degree Obtained (if applicable) | Major | Graduation Date MM DD YY |
| Crematory Operator Certification Provider | Location | Date completed MM DD YY |

PART IV. EXAMINATION INFORMATION

Have you passed the Alabama State Law Exam (LRR)? Yes No Month/Year passed:

PART V. ~~BIOSAFETY~~ AND UNIVERSAL PRECAUTIONS TRAINING

Attach copies of certificates of completion

| | | |
|---|---------------------------|-----------------------------|
| Bloodborne Pathogen (Name of approved provider) | AL Approved Course Number | Date of Completion (MMDDYY) |
| Universal Precautions (Name of approved provider) | AL Approved Course Number | Date of Completion (MMDDYY) |

PART VI. WORK HISTORY

List all funeral industry related employment chronologically within the last five years to the present. (May attach a separate sheet of paper for additional space). If you have never been employed, insert "N/A" for Not Applicable.

| |
|--|
| Name of Establishment: _____ Job Title: _____ |
| Address: _____ City: _____ State: _____ Zip: _____ |
| Name of Licensed Manager: _____ Dates of Employment: _____ |
| May we contact the Licensed manager? Yes ___ No ___ |



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| | |
|---|-------------------------------------|
| Name of Establishment: _____ | Job Title: _____ |
| Address: _____ | City: _____ State: _____ Zip: _____ |
| Name of Licensed Manager: _____ | Dates of Employment: _____ |
| May we contact the Licensed manager? Yes <input type="checkbox"/> No <input type="checkbox"/> | |

PART VII. PREVIOUSLY LICENSED IN OTHER STATE JURISDICTIONS

If you have ever been licensed, certified or registered in another state (jurisdiction) to practice in the profession for which you are now making application, complete the information requested below. *Under status please note if license is active, expired, inactive, or lapsed. *(Failure to disclose information, may result in automatic denial.) (May attach a separate sheet of paper for additional space)*

| Jurisdiction(s): | Type of license: | License number: | Effective dates of licensure: | Status: |
|------------------|------------------|-----------------|-------------------------------|---------|
| | | | | |
| | | | | |
| | | | | |

PART VIII. PAST DISCIPLINARY ACTION

Have you ever had any license or registration to practice cremations revoked, suspended, fined, placed on probation, or otherwise disciplined, in this state or any other state or jurisdiction? **YES** **NO**

Do you have any actions pending? **YES** **NO**

Have you ever voluntarily relinquished or surrendered a professional license or registration to practice cremations while under investigation, or after initiation of a disciplinary proceeding against you or the license? **YES** **NO**

Have you ever had any license/registration application to perform cremations denied? **YES** **NO**

If you answered "yes" to any of the questions above, submit notices, orders, etc. from the appropriate regulatory board as well include a written statement/explanation relating to any disciplinary action.

PART IX. CRIMINAL HISTORY

Have you ever been convicted of a misdemeanor or a felony in this or any other state, local jurisdiction, or any other foreign country, or are criminal charges currently pending against you? **YES** **NO**

If yes, attach an explanation that includes the type of violation, the date, circumstances and location, and the complete penalty received. Include copies of court documents, arrest records, verification of restitution received by the court, and verification of successful completion of probation. You must include all misdemeanor and felony convictions, regardless of the age of the conviction, including those which have been set aside and/or dismissed. (Traffic violations need not be reported).



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PART XI. CERTIFYING STATEMENT

I hereby certify under penalty of perjury that I have read this application in its entirety. The responses and attached materials I have provided are true and accurate to the best of my knowledge. I further certify that I am of good moral character and have reviewed and will always comply with all applicable state laws, rules and regulations governing the license I am seeking to obtain. I hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of Alabama Board of Funeral Service, any information, communication, report, record, statement, recommendation, or disclosure that may have bearing on my eligibility for or continuance of the license for which I am applying. I understand that by signing this application, I am authorizing the release of information about me that may otherwise be protected or confidential.

I hereby apply for license for the fiscal year ending September 30, 20____ and in support of such application submit and attest to the information and data supplied herewith. I also attach herewith the required application fee. I have read and understand the provisions of Title 34, Chapter 13, Code of Alabama, 1975, and Administrative Code 395, which govern the issuance and maintenance of the License requested.

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

(Signature of Applicant)

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 State Laws, Rules, and Regulations (LRR) Exam Registration

Applicants who have not successfully passed the State Law (LRR) Exam must complete the registration form below.

| | | | | |
|--|-------------|------------|---------------------------|-----|
| 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 | Work Phone | Cell Phone | | |
| Email | | | | |
| Check the examination you are registering for | | | | |
| Funeral Director/ Embalmer (LRR) | | | Cremationist (LRR) | |

| Office Use Only | | | |
|------------------------|-----------------|----------------------|------------|
| Payment Received: | Posted: | CA, CK, CC, CCK, MO: | Posted By: |
| Scheduled Exam Date: | Exam completed: | Test Number: | |



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Alabama Immigration Law/ Beason-Hammon Act

- 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
- Military Identification showing US as place of birth
- Naturalization documents
- Certificate of citizenship
- Consular report of birth abroad of US citizen
- Bureau of Indian Affairs identification
- American Indian Card issued by Homeland Security
- Final adoption decree showing person's name and place of US birth
- A valid Uniformed Services Privileges and Identification Card
- Extract from a United States hospital record of birth created at the time of the person's birth indicating the place of birth in the United States
- Certification of birth issued by US Department of State
- 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-327 Re-entry Permit
- I-551 Permanent Resident Card (copy front and back)
- I-571 Refugee Travel Document
- I-766 Employment Authorization Card (copy front and back)
- I-94 Arrival/Departure Record
- Unexpired Foreign Passport
- Temporary I-551 Stamp (on passport or I-94)
- I-20 Certificate of Eligibility for non-immigrant (F-1) student status
- DS 2019 Certificate of Eligibility for Exchange Visitor (J-1) status
- Machine-readable immigrant Visa (with temporary I-551 language)
- Other: (Explain)

Signature of Applicant _____

Date _____



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Cremationist License Checklist

All applicants for a cremationist license in the State of Alabama must have met all the following criteria. If the applicant answers "No" to any of the following, then the applicant is not eligible for certification. (If the individual is currently licensed as a Funeral Director or Embalmer requirements marked as "if applicable" do not apply)

| Yes | No | Requirement |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | US Citizen |
| <input type="checkbox"/> | <input type="checkbox"/> | Over 21 years of age |
| <input type="checkbox"/> | <input type="checkbox"/> | Good Moral Character |
| <input type="checkbox"/> | <input type="checkbox"/> | High School Graduate or Equivalent |
| <input type="checkbox"/> | <input type="checkbox"/> | Certified passing score on the Alabama Law Exam (If applicable) |
| <input type="checkbox"/> | <input type="checkbox"/> | Completed Application |
| <input type="checkbox"/> | <input type="checkbox"/> | Citizenship Documentation (If applicable) |
| <input type="checkbox"/> | <input type="checkbox"/> | License fee (\$50.00) |
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of High School Diploma or Certified Transcript from High School or Certified Transcript from an accredited Post-Secondary School. (If applicable, sent directly to the Board from the school.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Completed Background Check Application (If applicable) (Will be mailed separately to applicant) |
| <input type="checkbox"/> | <input type="checkbox"/> | Background Check fee (If applicable) (Will be mailed separately to applicant) |
| <input type="checkbox"/> | <input type="checkbox"/> | Two complete sets of Fingerprint Cards (If applicable) |
| <input type="checkbox"/> | <input type="checkbox"/> | Completed Board approved course in Universal Precautions/Blood-borne Pathogens (verification of completion sent to the Board) |
| <input type="checkbox"/> | <input type="checkbox"/> | Affidavit completed by Crematory Owner or Licensed Cremationist |

*To constitute a passing score the applicant shall earn a score of at least 75.

****If the applicant has been convicted of a felony or misdemeanor, the applicant must have the certified records from the court in which the conviction occurred sent to the following address:**

**Alabama Board of Funeral Service
P O Box 309522
Montgomery, AL 36130**