

ALABAMA BOARD OF FUNERAL SERVICE CREMATORY
REGISTRATION

For crematories in operation after October 1, 2017
(Submit Separate Application for each Crematory)

(Name of Funeral Establishment)

Physical Street Address: _____
(Street & No.) (City) (State) (Zip)

County: _____ District Number: _____

Mailing Address: _____

EMAIL Address: _____ Phone Number: _____

Application is hereby submitted for registration as a CREMATORY under the provisions of Section 34-13-120, Code of Alabama, for the fiscal year ending September 30, 20____. Attached hereto is the Registration Fee of **\$200.00** and a description with photographs of the building(s), equipment, and facilities of the crematory. 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 registration requested.

In support of this application, the following data is submitted and attested:

- The name and physical address of the Funeral Establishment where the crematory is fixed on the premises requested to be registered is as stated above.
- MANAGING CREMATIONIST (must be licensed as both a funeral director and cremationists by the Board):

(NAME)	(FD LICENSE #)	(CREMATIONIST #)
(PHYSICAL RESIDENCE ADDRESS)	(CITY)	(STATE) (ZIP) (PHONE)

- Is the Funeral Establishment owned by an Individual Proprietor or Partnership? LIST name and address of each owner: (If not complete the application will not be processed)

INDIVIDUAL PROPRIETOR _____ PARTNERSHIP _____

(NAME)	(ADDRESS)	(CITY)	(STATE)	(ZIP)	(PHONE)
(NAME)	(ADDRESS)	(CITY)	(STATE)	(ZIP)	(PHONE)
(NAME)	(ADDRESS)	(CITY)	(STATE)	(ZIP)	(PHONE)

If more than three, add under "Remarks" or attach a separate sheet of paper.

- Is the Funeral Establishment owned by a CORPORATION or L.L.C? List corporate or LLC name and list officers:

CORPORATION _____ LLC _____

Corporation or LLC Name: _____

Officers: (If not complete the application will not be processed)

(NAME)	(ADDRESS)	(CITY)	(STATE)	(ZIP)	(PHONE)
(NAME)	(ADDRESS)	(CITY)	(STATE)	(ZIP)	(PHONE)

ALABAMA BOARD OF FUNERAL SERVICE CREMATORY
REGISTRATION

For crematories in operation after October 1, 2017
(Submit Separate Application for each Crematory)

(NAME) (ADDRESS) (CITY) (STATE) (ZIP) (PHONE)

State, county, and date of incorporation: _____
(STATE) (COUNTY) (DATE)

- 5. Will the crematory do cremations for third parties? ____YES ____NO
- 6. I certify that the Establishment and the crematory, equipment, inventory, supplies, personnel and premises meet or exceed the minimum qualifications required by Law for certification and licensing.
- 7. I certify that the crematory has a holding room that is a minimum of 100 sq. ft. with nonporous walls and floors 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 public areas.

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 with 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 cremation process.

The crematory shall at all time 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.

- 8. Cremation chamber is manufactured by? _____
- 9. Cremation chamber maximum operating temperature? _____
- 10. Number of certified cremationists? _____
- 11. The Establishment is made of _____ construction. The approximate square footage of the main building is _____.

Please Type or Print in Ink

ALABAMA BOARD OF FUNERAL SERVICE CREMATORY
REGISTRATION

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

For crematories in operation after October 1, 2017
(Submit Separate Application for each Crematory)

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

(SIGNATURE)

(RELATIONSHIP TO ESTABLISHMENT)

(SOCIAL SECURITY NUMBER)

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

Notary Seal

(NOTARY)

My Commission Expires _____

ALABAMA BOARD OF FUNERAL SERVICE CREMATORY
REGISTRATION

For crematories in operation after October 1, 2017
(Submit Separate Application for each Crematory)

Managing Cremationist

_____, 20____

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

and licensed cremationist as of _____ accept the duties and responsibilities
(cremationist license number)

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

Cremationist of _____ I understand and
(name of funeral establishment)

affirm that I will be in full charge, control 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

ALABAMA BOARD OF FUNERAL SERVICE CREMATORY
REGISTRATION

For crematories in operation after October 1, 2017
(Submit Separate Application for each Crematory)

Cremationist Training Certification

Establishment: _____

Physical Street Address: _____
(Street) (City) (State) (Zip)

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 and/or establishment license to suspension or revocation.

Name of Cremationist	Board Approved Source of Training	Expiration Date of Training

Sworn and subscribed to me this _____ day of _____, 20 _____.

Notary Seal

Notary _____

My Commission Expires _____