

ALABAMA BOARD OF FUNERAL SERVICE CREMATORY
REGISTRATION

For Crematories in operation prior to 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____. 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:

1. 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.

2. 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)

3. 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.

4. 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)
(NAME)	(ADDRESS)	(CITY)	(STATE)	(ZIP)	(PHONE)

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

- 5. Will the crematory do cremations for third parties? ____ YES ____ NO
- 6. Cremation chamber is manufactured by? _____
- 7. Cremation chamber maximum operating temperature? _____
- 8. Number of cremationists that will be licensed? _____
- 9. 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.

(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 _____

Please Type or Print in Ink

ALABAMA BOARD OF FUNERAL SERVICE CREMATORY
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Mail to: P.O. Box 309522
Montgomery, AL 36130

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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

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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 _____

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Crematory Employees

Establishment: _____

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

I hereby certify that the following individual(s) have received training and that the individual(s) listed herein are authorized to perform cremations conducted at this establishment for one year until which time the individual shall have satisfied all the requirements for license as a cremationist. 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 Applicant	Date of Employment

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

Notary Seal

Notary _____

My Commission Expires _____