



ALABAMA BOARD OF FUNERAL SERVICE

www.fsb.alabama.gov

11 South Union Street, Suite 106 | (334)242-4049 PHONE
Montgomery, Alabama 36104 | (334) 353-7988 FAX

Email: info@fsb.alabama.gov

Managing Cremationist

_____, 20____

I, licensed funeral director _____
(full name) (funeral director license number)
and licensed cremationist as of _____
(cremationist license number)
accept the duties and responsibilities
as of _____
(date) accept duties and responsibilities as the **Managing
Cremationist** of _____
(name of funeral establishment). I understand and

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

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