



# ALABAMA BOARD OF FUNERAL SERVICE

[www.fsb.alabama.gov](http://www.fsb.alabama.gov)

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Managing Embalmer

\_\_\_\_\_, 20\_\_\_\_

I \_\_\_\_\_ licensed embalmer \_\_\_\_\_  
(print full name) (Alabama license number)

as of \_\_\_\_\_ accept the duties and responsibilities as the  
(date)

**Managing Embalmer** of \_\_\_\_\_ . I understand  
(name of funeral establishment)

and affirm that I will be in full charge, control and supervision of all activities involving embalming at the above-named funeral establishment as stated in §34-13-1 (a)(30) Code of Alabama, 1975 and Administrative Code 395.

\_\_\_\_\_  
(signature of licensed embalmer)

*Subscribed and sworn to before me, a Notary in the State of Alabama this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.*

Notary \_\_\_\_\_

My Commission expires \_\_\_\_\_

SEAL