



PHYSICAL ADDRESS:
 400 SOUTH UNION STREET
 SUITE 395
 MONTGOMERY, ALABAMA 36104
 WEBSITE: www.fsb.alabama.gov

MAILING ADDRESS:
 P.O. BOX 309522
 MONTGOMERY, AL 36130
 PHONE: 334.242.4049
 FAX: 334.353.7988

**Alabama Board of Funeral Service
 APPLICATION FOR MORTUARY SERVICE**

THE APPLICATION FEE MUST ACCOMPANY THIS APPLICATION. (ALL APPLICATION FEES ARE NON-REFUNDABLE)

PLEASE PRINT

NAME OF FUNERAL ESTABLISHMENT			
MAILING ADDRESS	CITY	STATE	ZIP
PHYSICAL ADDRESS	CITY	STATE	ZIP
EMAIL ADDRESS*		CONTACT NUMBER	
COUNTY		DISTRICT NUMBER	
APPLICATION IS HEREBY SUBMITTED FOR LICENSE AS A FUNERAL ESTABLISHMENT UNDER THE PROVISIONS OF SECTION 34-13-116 CODE OF ALABAMA, FOR THE FISCAL YEAR ENDING OCTOBER 1, 20____. ATTACHED HERETO ARE THE APPLICATION FEE OF \$400.00 , A DESCRIPTION WITH PHOTOGRAPHS OF THE BUILDING(S), EQUIPMENT, AND FACILITIES OF THE ESTABLISHMENT. APPLICANT HAS READ AND UNDERSTANDS AND AGREES TO ABIDE BY THE PROVISIONS OF TITLE 34, CHAPTER 13, CODE OF ALABAMA 1975, WHICH GOVERNS THE ISSUANCE OF THE LICENSE REQUESTED. IN SUPPORT OF THIS APPLICATION THE INFORMATION BELOW IS SUBMITTED AND ATTESTED.			
NAME OF MANAGING EMBALMER		LICENSE NUMBER	CONTACT NUMBER
PHYSICAL ADDRESS	CITY	STATE	ZIP
NAME OF MANAGING CREMATIONIST (IF APPLICABLE)		LICENSE NUMBER	CONTACT NUMBER
PHYSICAL ADDRESS	CITY	STATE	ZIP
THE MORTUARY SERVICE IS OWNED BY			
<input type="checkbox"/>	INDIVIDUAL PROPRIETOR	<input type="checkbox"/>	PARTNERSHIP
<input type="checkbox"/>	CORPORATION	<input type="checkbox"/>	LLC
IF INDIVIDUAL PROPRIETOR OR PARTNERSHIP LIST NAME AND ADDRESS OF EACH OWNER			

NAME	ADDRESS	CITY/STATE/ZIP	CONTACT NUMBER
NAME	ADDRESS	CITY/STATE/ZIP	CONTACT NUMBER
NAME	ADDRESS	CITY/STATE/ZIP	CONTACT NUMBER
IF CORPORATION OR LLC LIST CORPORATE NAME AND OFFICERS _____			
(CORPORATE NAME)			
NAME	ADDRESS	CITY/STATE/ZIP	CONTACT NUMBER
NAME	ADDRESS	CITY/STATE/ZIP	CONTACT NUMBER
NAME	ADDRESS	CITY/STATE/ZIP	CONTACT NUMBER
STATE, COUNTY, DATE OF INCORPORATION: _____			
Submit a copy of the Alabama Secretary of State certificate or registration the showing the registered name of the Corporation, Firm or LLC. (The name of the corporation, firm or LLC cannot contain the name of an individual not licensed by the Board)			

I CERTIFY THAT THE MORTUARY SERVICE, EQUIPMENT, INVENTORY, SUPPLIES, PERSONNEL AND PREMISES MEET OR EXCEED THE MINIMUM QUALIFICATIONS REQUIRED BY THE ALABAMA BOARD OF FUNERAL SERVICE FOR CERTIFICATION AND LICENSING.

I CERTIFY THAT THE MORTUARY SERVICE HAS A SANITARY PROPERLY EQUIPPED EMBALMING ROOM WITH A SANITARY FLOOR, NECESSARY DRAINAGE, VENTILATION, HOT AND COLD RUNNING WATER, APPROVED TABLES, INSTRUMENTS, SUPPLIES FOR THE PREPARATION AND EMBALMING OF DEAD HUMAN BODIES, AT LEAST ONE PROPERLY LICENSED AND OPERATIONAL MOTOR VEHICLE EQUIPPED FOR TRANSPORTING HUMAN REMAINS IN A CASKET OR URN.

I CERTIFY THAT THE MORTUARY SERVICE WILL PERFORM EMBALMING, CREMATION OR BOTH FOR ONLY LICENSED FUNERAL ESTABLISHMENTS AND **AT NO TIME WILL SERVICES OR MERCHANDISE BE SOLD DIRECTLY OR AT RETAIL TO THE PUBLIC.**

THE MORTUARY SERVICE IS MADE OF _____ CONSTRUCTION. THE APPROXIMATE SQUARE FOOTAGE OF THE BUILDING IS _____.

IT IS PROPOSED THAT THE MORTUARY SERVICE WILL BE OPEN (PENDING BOARD APPROVAL) _____

I CERTIFY THAT I AM (OWNER) A CITIZEN OF THE UNITED STATES OR LEGALLY PRESENT IN THE UNITED YES NO (COMPLETE FORM)

I UNDERSTAND THAT ANY FALSE STATEMENT GIVEN HEREIN WILL SUBJECT MY LICENSE TO

(PRINT NAME) (SIGNATURE)

(SOCIAL SECURITY NUMBER) (RELATIONSHIP TO MORTUARY SERVICE)

SUBSCRIBED AND SWORN TO BEFORE ME, A NOTARY IN THE STATE OF ALABAMA THIS _____ DAY OF _____, 20_____

SEAL

NOTARY PUBLIC

MY COMMISSION EXPIRES

MORTUARY SERVICE (\$400.00)				
OFFICE USE ONLY				
RECEIVED	POSTED	CA,CK,CC,CCK,MO	POSTED BY	CONTROL NO.
ISSUED	LICENSE NUMBER	APPROVED	INSPECTED	



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CHECK THE APPROPRIATE SECTION FR US CITIZEN OR NON-CITIZEN, AND CHECK THE DOCUMENT THAT YOU ARE SUBMITTING TO PROVE US CITIZENSHIP OR LAWFUL PRESENCE IN THE US

	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
	A valid Uniformed Services Privileges and Identification Card
	Naturalization documents
	Certificate of citizenship
	Bureau of Indian Affairs identification
	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-551 Permanent Resident Card (copy front and back)
	I-766 Employment Authorization Card (copy front and back)
<p>IMMIGRATION:</p> <p>Act No. 2011-535 as amended by Act No. 2012-491 and now codified as Section 31-13-1, et seq., of the Code of Alabama 1975 is referred to as Alabama's Immigration Law or the Beason-Hammon Act and imposes certain requirements on persons applying for or renewing a professional license. Specifically, Section 31-13-29 of the Code of Alabama 1975 requires that applicants applying for or renewing a professional license must demonstrate his or her United States citizenship, or if not a United States Citizen, his or her lawful presence in the United States. The Immigration Law also provides that a citizen shall not be required to demonstrate citizenship for subsequent transactions. Please see below for two lists of documents, one to demonstrate a person'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) with this form and submit it with your application.</p> <p>I CERTIFY UNDER PENALTY OF PERJURY THAT ALL REPRESENTATIONS MADE ON THIS FORM AND ATTACHMENTS ARE TRUE AND ACCURATE.</p> <p>NAME: _____ SIGNATURE: _____</p>	



ALABAMA BOARD OF FUNERAL SERVICE

www.fsb.alabama.gov

Mail to: P O Box 309522 | (334)242-4049 PHONE
Montgomery, Alabama 36104 | (334) 353-7988 FAX

Email: info@fsb.alabama.gov

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 Mortuary Service)

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