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**Alabama Board of Funeral Service
 APPLICATION FOR ESTABLISHMENT NAME CHANGE**

THE APPLICATION FEE MUST ACCOMPANY THIS APPLICATION (All application fees are non-refundable)

PLEASE PRINT

CURRENT NAME OF ESTABLISHMENT			
MAILING ADDRESS	CITY	STATE	ZIP
PHYSICAL ADDRESS	CITY	STATE	ZIP
EMAIL ADDRESS*		CONTACT NUMBER	
COUNTY		DISTRICT NUMBER	
APPLICATION IS HEREBY SUBMITTED FOR AN ESTABLISHMENT NAME CHANGE UNDER THE PROVISIONS OF SECTION 34-13-111 AND 114 CODE OF ALABAMA. ATTACHED HERETO IS THE APPLICATION FEE OF \$25.00 . IN SUPPORT OF THIS APPLICATION, I CERTIFY THAT THE ESTABLISHMENT HAS NOT CHANGED OWNERSHIP.			
REQUESTED NAME OF ESTABLISHMENT (PENDING BOARD APPROVAL)			
REQUESTED EFFECTIVE DATE OF THE NAME CHANGE (PENDING BOARD APPROVAL)			
NAME OF MANAGING FUNERAL DIRECTOR	LICENSE NUMBER	CONTACT NUMBER	
PHYSICAL ADDRESS	CITY	STATE	ZIP
NAME OF MANAGING EMBALMER	LICENSE NUMBER	CONTACT NUMBER	
PHYSICAL ADDRESS	CITY	STATE	ZIP
SIGNATURE OF MANAGING FUNERAL DIRECTOR			DATE SIGNED

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

SEAL

SIGNATURE OF NOTARY PUBLIC

MY COMMISSION EXPIRES