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**Alabama Board of Funeral Service
 FUNERAL DIRECTOR AFFIDAVIT (TWO REQUIRED)**

IN SUPPORT OF APPLICATION FOR INITIAL LICENSING AS FUNERAL DIRECTOR

PLEASE PRINT

FIRST NAME	MIDDLE NAME	LAST NAME	
MAILING ADDRESS	CITY	STATE	ZIP
PHYSICAL ADDRESS	CITY	STATE	ZIP
EMAIL ADDRESS*	DATE OF BIRTH	CONTACT NUMBER	
FUNERAL ESTABLISHMENT EMPLOYED BY			CONTACT NUMBER
BUSINESS ADDRESS	CITY	STATE	ZIP

THE FOLLOWING AFFIDAVIT IS SUBMITTED IN SUPPORT OF MY ORIGINAL LICENSE AS FUNERAL DIRECTOR IN ACCORDANCE WITH 34-13-71 CODE OF ALABAMA

TO BE EXECUTED BY LICENSED FUNERAL DIRECTOR

I DEPOSE AND SAY THE I HAVE KNOWN _____ FOR _____ YEARS AND HAVE PERSONAL KNOWLEDGE OF THIS PERSON'S GOOD CHARACTER AND REPUTATION. THIS APPLICANT HAS TO MY KNOWLEDGE AND OBSERVATION SATISFACTORILY PERFORMED THE DUTIES OF AN APPRENTICE FUNERAL DIRECTOR AT THE ESTABLISHMENTS LISTED BELOW FOR THE PERIODS SHOWN.

ESTABLISHMENT NAME	CITY	BEGINNING DATE	END DATE
ESTABLISHMENT NAME	CITY	BEGINNING DATE	END DATE
ESTABLISHMENT NAME	CITY	BEGINNING DATE	END DATE

I HAVE BEEN AND AM CURRENTLY LICENSED AS A FUNERAL DIRECTOR IN ALABAMA. I UNDERSTAND THAT ANY FALSE STATEMENT GIVEN HEREIN WILL SUBJECT MY ALABAMA LICENSE AS A FUNERAL DIRECTOR TO DENIAL OR REVOCATION

PRINTED NAME OF LICENSED FUNERAL DIRECTOR	AL. LICENSE NUMBER
ADDRESS	CONTACT NUMBER

SIGNATURE OF LICENSED FUNERAL DIRECTOR	DATE SIGNED
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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