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**Alabama Board of Funeral Services  
 MANAGING CREMATIONIST RESIGNATION**

FIRST NAME	MIDDLE NAME	LAST NAME	
MAILING ADDRESS	CITY	STATE	ZIP
PHYSICAL ADDRESS	CITY	STATE	ZIP
EMAIL ADDRESS*	ALABAMA CREMATIONIST LICENSE NUMBER	CONTACT NUMBER	

THE FOLLOWING IS SUBMITTED IN ACCORDANCE WITH 34-13-112(c) CODE OF ALABAMA, 1975 and ADMINISTRATIVE CODE 395

I RESIGN THE DUTIES AND RESPONSIBILITIES AS MANAGING CREMATIONIST OF THE FUNERAL ESTABLISHMENT NAMED BELOW. I UNDERSTAND AND AFFIRM THAT I HAVE INFORMED THE OWNER OF THE NAME FUNERAL ESTABLISHMENT OF MY RESIGNATION.

ESTABLISHMENT NAME	ESTABLISHMENT NUMBER	ESTABLISHMENT CONTACT NUMBER	
BUSINESS ADDRESS	CITY	STATE	ZIP

I UNDERSTAND THAT ANY FALSE STATEMENT GIVEN HEREIN WILL SUBJECT MY ALABAMA LICENSE AS A CREMATIONIST TO DISCIPLINARY ACTION.

PRINTED NAME OF LICENSED CREMATIONIST

SIGNATURE OF LICENSED CREMATIONIST	DATE SIGNED
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