



KAY IVEY
GOVERNOR

ALABAMA BOARD OF FUNERAL SERVICES

4276 LOMAC STREET | MONTGOMERY, ALABAMA 36106
P.O. BOX 309522 | MONTGOMERY, ALABAMA 36130
PHONE 334.242.4049 | WWW.FSB.ALABAMA.GOV



CHARLES PERINE
DIRECTOR

ENDOWMENT CARE CEMETERY NEW REGISTRATION FORM AL-PNC-E Revised 10/2023

TYPE OF ORGANIZATION: Individual Partnership LLC LLP C Corp S Corp

NAME OF ENDOWMENT CARE CEMETERY

D/B/A NAME (if applicable)

PHYSICAL ADDRESS (Street, City, State, Zip Code) (No P. O. Box)

TELEPHONE NUMBER

MAILING ADDRESS (P. O. Box or Street Address, State, City, Zip Code)

FAX NUMBER

E-MAIL ADDRESS

FEDERAL EMPLOYER I. D. NUMBER

FISCAL YEAR END DATE

NAME OF TRUST WITH WHICH THE ENDOWMENT CARE FUND WILL BE HELD

TRUSTEE CONTACT NAME

TRUSTEE PHONE NUMBER

ADDRESS OF TRUSTEE

TRUSTEE EMAIL

Please include a copy of the trust agreement with this application.

If no trust has been established, on a separate page explain where the funds belonging to the cemetery are currently being held?

Please include a copy of the plat map of the endowment care cemetery, and a copy of the cemetery rule and regulations with this application.



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NEW ENDOWMENT CARE CEMETERY REGISTRATION

LIST OF PRINCIPALS

General Instructions and Information:

1. List all the principals for the Endowment Care Cemetery.
2. Include all officers, directors, owners, partners, etc.
3. This page can be copied as many times as is necessary. Please indicate at the top of each page the page number and total number of pages.

Summary Information:

Printed Name: _____

Address: _____

Phone: _____

Email: _____

Title: Owner (% of Ownership: _____) Partner Member (LLC) Director Officer

Other: _____

Printed Name: _____

Address: _____

Phone: _____

Email: _____

Title: Owner (% of Ownership: _____) Partner Member (LLC) Director Officer

Other: _____

Printed Name: _____

Address: _____

Phone: _____

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Title: Owner (% of Ownership: _____) Partner Member (LLC) Director Officer

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DIRECTOR

CERTIFICATION

I, as a representative authorized to sign on behalf of the Endowment Care Cemetery, hereby certify that the information presented herein is true and correct to the best of my knowledge and belief, that said information is submitted voluntarily by me to the Alabama Board of Funeral Services as essential data in connection with the application described above, and acknowledge that any misstatement may cause the Alabama Board of Funeral Services to initiate proceedings against the cemetery.

Signature of Applicant/Authorized Representative

Date

Print Name

ATTENTION: If additional information is required by the board, the requested information must be provided within twenty (20) business days from the date of the request. Failure for timely response will result in a denial of your application.