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

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 34-13-1(a)(29) CODE OF ALABAMA, 1975 and ADMINISTRATIVE CODE 395

I ACCEPT THE DUTIES AND RESPONSIBILITIES AS MANAGING CREMATIONIST OF THE FUNERAL ESTABLISHMENT NAMED BELOW. I UNDERSTAND AND AFFIRM THAT BEGINNING ON THE DATE INDICATED I WILL BE IN FULL CHARGE, CONTROL AND SUPERVISION OF ALL ACTIVITIES INVOLVING THE CREMATORY AT THE FUNERAL ESTABLISHMENT NAMED BELOW

ESTABLISHMENT NAME	ESTABLISHMENT NUMBER	EFFECTIVE DATE	
BUSINESS ADDRESS	CITY	STATE	ZIP

I AM CURRENTLY LICENSED AS A FUNERAL DIRECTOR AND CREMATIONIST IN ALABAMA. I UNDERSTAND THAT ANY FALSE STATEMENT GIVEN HEREIN WILL SUBJECT MY ALABAMA LICENSE AS A FUNERAL DIRECTOR AND CREMATIONIST TO DISCIPLINARY ACTION.

PRINTED NAME OF LICENSED FUNERAL DIRECTOR AND CREMATIONIST

SIGNATURE OF LICENSED FUNERAL DIRECTOR AND CREMATIONIST	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