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

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

THE FOLLOWING IS SUBMITTED IN ACCORDANCE WITH 34-13-1(a)(30) CODE OF ALABAMA, 1975 and ADMINISTRATIVE CODE 395

I ACCEPT THE DUTIES AND RESPONSIBILITIES AS MANAGING EMBALMER 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 EMBALMING AT THE FUNERAL ESTABLISHMENT NAMED BELOW

ESTABLISHMENT NAME	ESTABLISHMENT NUMBER	EFFECTIVE DATE	
BUSINESS ADDRESS	CITY	STATE	ZIP

I AM CURRENTLY LICENSED AS AN EMBALMER IN ALABAMA. I UNDERSTAND THAT ANY FALSE STATEMENT GIVEN HEREIN WILL SUBJECT MY ALABAMA LICENSE AS AN EMBALMER TO DISCIPLINARY ACTION.

PRINTED NAME OF LICENSED EMBALMER

SIGNATURE OF LICENSED EMBALMER	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