

PHYSICAL ADDRESS:
 4276 LOMAC STREET
 MONTGOMERY, ALABAMA 36106
 WEBSITE: www.fsb.alabama.gov



MAILING ADDRESS:
 P O BOX 309522
 MONTGOMERY, ALABAMA 36130
 PHONE: 334.242.4049
 FAX: 334.353.7988

**Alabama Board of Funeral Services
 MANAGING FUNERAL DIRECTOR AFFIRMATION**

| | | | |
|------------------|---|----------------|-----|
| FIRST NAME | MIDDLE NAME | LAST NAME | |
| MAILING ADDRESS | CITY | STATE | ZIP |
| PHYSICAL ADDRESS | CITY | STATE | ZIP |
| EMAIL ADDRESS* | ALABAMA FUNERAL DIRECTOR LICENSE NUMBER | CONTACT NUMBER | |

THE FOLLOWING IS SUBMITTED IN ACCORDANCE WITH 34-13-1(a)(31) CODE OF ALABAMA, 1975 and ADMINISTRATIVE CODE 395

I ACCEPT THE DUTIES AND RESPONSIBILITIES AS MANAGING FUNERAL DIRECTOR 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 FUNERAL DIRECTING 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 IN ALABAMA. I UNDERSTAND THAT ANY FALSE STATEMENT GIVEN HEREIN WILL SUBJECT MY ALABAMA LICENSE AS A FUNERAL DIRECTOR TO DISCIPLINARY ACTION.

PRINTED NAME OF LICENSED FUNERAL DIRECTOR

| | |
|--|-------------|
| SIGNATURE OF LICENSED FUNERAL DIRECTOR | DATE SIGNED |
|--|-------------|

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