



PHYSICAL ADDRESS:  
 4276 LOMAC STREET  
 MONTGOMERY, ALABAMA 36106  
 WEBSITE: [www.fsb.alabama.gov](http://www.fsb.alabama.gov)  
 EMAIL: [info@fsb.alabama.gov](mailto:info@fsb.alabama.gov)

MAILING ADDRESS:  
 P O BOX 309522  
 MONTGOMERY, AL 36130  
 PHONE: 334-242-4049  
 FAX: 334-353-7988

**Alabama Board of Funeral Services  
 APPLICATION FOR FUNERAL ESTABLISHMENT**

**THE APPLICATION FEE MUST ACCOMPANY THIS APPLICATION (All application fees are non-refundable)**

**PLEASE PRINT**

|   |                        |                          |                |
|---|------------------------|--------------------------|----------------|
| NAME OF FUNERAL ESTABLISHMENT   |                        |                          |                |
| MAILING ADDRESS   | CITY                   | STATE                    | ZIP            |
| PHYSICAL ADDRESS  | CITY                   | STATE                    | ZIP            |
| EMAIL ADDRESS*  |                        | CONTACT NUMBER           |                |
| COUNTY  |                        | DISTRICT NUMBER          |                |
| APPLICATION IS HEREBY SUBMITTED FOR LICENSE AS A FUNERAL ESTABLISHMENT UNDER THE PROVISIONS OF SECTION 34-13-116 CODE OF ALABAMA, FOR THE FISCAL YEAR ENDING OCTOBER 1, 20_____. ATTACHED HERETO ARE THE APPLICATION FEE OF <b>\$500.00</b> , A DESCRIPTION WITH PHOTOGRAPHS OF THE BUILDING(S), EQUIPMENT, AND FACILITIES OF THE ESTABLISHMENT. APPLICANT HAS READ AND UNDERSTANDS AND AGREES TO ABIDE BY THE PROVISIONS OF TITLE 34, CHAPTER 13, CODE OF ALABAMA 1975, WHICH GOVERNS THE ISSUANCE OF THE LICENSE REQUESTED. IN SUPPORT OF THIS APPLICATION THE INFORMATION BELOW IS SUBMITTED AND ATTESTED. |                        |                          |                |
| NAME OF MANAGING FUNERAL DIRECTOR   |                        | LICENSE NUMBER           | CONTACT NUMBER |
| PHYSICAL ADDRESS  | CITY                   | STATE                    | ZIP            |
| NAME OF MANAGING EMBALMER   |                        | LICENSE NUMBER           | CONTACT NUMBER |
| PHYSICAL ADDRESS  | CITY                   | STATE                    | ZIP            |
| THE ESTABLISHMENT IS OWNED BY   |                        |                          |                |
| <input type="checkbox"/>  | INDIVIDUAL PROPRIETOR  | <input type="checkbox"/> | PARTNERSHIP    |
| <input type="checkbox"/>  | CORPORATION            | <input type="checkbox"/> | LLC            |
| IF INDIVIDUAL PROPRIETOR OR PARTNERSHIP LIST NAME, ADDRESS OF EACH OWNER, AND PERCENT OF OWNERSHIP  |                        |                          |                |
|   |                        |                          |                |
| NAME  | ADDRESS CITY/STATE/ZIP | CONTACT NUMBER           | % OF OWNERSHIP |
|   |                        |                          |                |
| NAME  | ADDRESS CITY/STATE/ZIP | CONTACT NUMBER           | % OF OWNERSHIP |
|   |                        |                          |                |
| NAME  | ADDRESS CITY/STATE/ZIP | CONTACT NUMBER           | % OF OWNERSHIP |
|   |                        |                          |                |
| IF CORPORATION OR LLC LIST CORPORATE NAME, OFFICERS % OF OWNERSHIP _____  |                        |                          |                |
|   |                        |                          |                |
| NAME  | ADDRESS CITY/STATE/ZIP | CONTACT NUMBER           | % OF OWNERSHIP |
|   |                        |                          |                |
| NAME  | ADDRESS CITY/STATE/ZIP | CONTACT NUMBER           | % OF OWNERSHIP |
|   |                        |                          |                |
| NAME  | ADDRESS CITY/STATE/ZIP | CONTACT NUMBER           | % OF OWNERSHIP |
|   |                        |                          |                |
| STATE, COUNTY, DATE OF INCORPORATION: _____   |                        |                          |                |
| SUBMIT A COPY OF THE ALABAMA SECRETARY OF STATE CERTIFICATE OR REGISTRATION SHOWING THE REREGISTERED NAME OF THE CORPORATION, FIRM, OR LLC. (THE NAME OF THE CORPORATION, FIRM, OR LLC CANNOT CONTAIN THE NAME OF AN INDIVIDUAL NOT LICENSED BY THE BOARD.)   |                        |                          |                |

|  |     |  |    |  |
|--|-----|--|----|--|
| DOES THIS ESTABLISHMENT SELL PRE-NEED FUNERALS? IF YES, LIST CERTIFICATE OF AUTHORITY NUMBER       | YES |  | NO |  |
| DOES THE ESTABLISHMENT HAVE A CREMATORY ON THE PREMISES? IF YES, COMPLETE A CREMATORY REGISTRATION | YES |  | NO |  |
| IS THERE A CREMATORY IS ON THE PREMISES, WILL IT PERFORM THIRD PARTY CREMATIONS? (IF APPLICABLE)   | YES |  | NO |  |
| WILL EMBALMING OCCUR AT THIS ESTABLISHMENT? IF NO, WHERE WILL EMBALMING OCCUR?                     | YES |  | NO |  |
| WILL THE ESTABLISHMENT SELL PRENEEDS?  | YES |  | NO |  |

IF EMBALMING WILL NOT OCCUR AT THIS ESTABLISHMENT, I CERTIFY THAT THE ESTABLISHMENT HAS A HOLDING ROOM THAT MEETS THE FOLLOWING REQUIREMENTS: UNDER THE SAME OWNERSHIP AS THE EMBALMING FACILITY, IS WITHIN A 25 MILE RADIUS OF THE EMBALMING FACILITY LOCATED IN THIS STATE, NON-POROUS FLOORS AND WALLS, HOT AND COLD RUNNING WATER, EQUIPPED WITH AN ASPIRATOR, TROCAR, NASAL TUBE ASPIRATOR, ASPIRATING HOSES, ADEQUATE DRAINAGE, CONTAINERS FOR SOILED LINEN, CLOTHING AND WASTE DISPOSAL, AND ADEQUATE LIGHTING. IF THIS ESTABLISHMENT IS REGISTERED AS A BRANCH LOCATION AND THE EMBALMING FACILITY CLOSES, THE BRANCH LOCATION HOLDING ROOM MUST BE CONVERTED AND MEET THE REQUIREMENTS OF AN EMBALMING ROOM.

I CERTIFY THAT THE ESTABLISHMENT HAS A SANITARY PROPERLY EQUIPPED EMBALMING ROOM WITH A SANITARY FLOOR, NECESSARY DRAINAGE, VENTILATION, HOT AND COLD RUNNING WATER, APPROVED TABLES, INSTRUMENTS, SUPPLIES FOR THE PREPARATION AND EMBALMING OF DEAD HUMAN BODIES, AT LEAST ONE PROPERLY LICENSED AND OPERATIONAL HEARSE EQUIPPED FOR TRANSPORTING HUMAN REMAINS IN A CASKET OR URN.

I CERTIFY THAT THE ESTABLISHMENT, EQUIPMENT, INVENTORY, SUPPLIES, PERSONNEL AND PREMISES MEET OR EXCEED THE MINIMUM QUALIFICATIONS REQUIRED BY THE ALABAMA BOARD OF FUNERAL SERVICE FOR CERTIFICATION AND LICENSING.

THE FUNERAL ESTABLISHMENT HAS A ROOM SUITABLE FOR PUBLIC VIEWING OR OTHER FUNERAL SERVICE THAT IS A MINIMUM OF 1000 SQUARE FEET.

THE FUNERAL ESTABLISHMENT HAS AN ARRANGEMENT OFFICE

THE FUNERAL ESTABLISHMENT HAS A DISPLAY ROOM CONTAINING A STOCK OF ADULT CASKETS AND FUNERAL SUPPLIES DISPLAYED IN FULL SIZE, CUTS, PHOTOGRAPHS, OR ELECTRONIC IMAGES.

I CERTIFY THAT THE ESTABLISHMENT HAS GENERAL LIABILITY INSURANCE WITH \_\_\_\_\_ IN AN AMOUNT OF AT LEAST ONE MILLION DOLLARS IN ACCORDANCE WITH 34-13-113(E) AND THE ESTABLISHMENT HAS PROVIDED PROOF. THE POLICY NUMBER IS \_\_\_\_\_ WITH AN EFFECTIVE DATE OF \_\_\_\_\_ AND AN EXPIRATION DATE OF \_\_\_\_\_.

THE FUNERAL ESTABLISHMENT IS MADE OF \_\_\_\_\_ CONSTRUCTION. THE APPROXIMATE SQUARE FOOTAGE OF THE BUILDING IS \_\_\_\_\_.

IT IS PROPOSED THAT THE FUNERAL ESTABLISHMENT WILL BEGIN OPERATION (PENDING BOARD APPROVAL) \_\_\_\_\_.

I CERTIFY THAT I AM (OWNER) A CITIZEN OF THE UNITED STATES OR LEGALLY PRESENT IN THE UNITED STATES  YES  NO

**I UNDERSTAND THAT ANY FALSE STATEMENT GIVEN HEREIN WILL SUBJECT MY LICENSE TO DENIAL OR REVOCATION**

\_\_\_\_\_  
(PRINT NAME)

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(SOCIAL SECURITY NUMBER)

\_\_\_\_\_  
(RELATIONSHIP TO FUNERAL ESTABLISHMENT)

SUBSCRIBED AND SWORN TO BEFORE ME, A NOTARY IN THE STATE OF ALABAMA THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

SEAL

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
MY COMMISSION EXPIRES

FUNERAL ESTABLISHMENT (\$500.00)



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### ALABAMA BOARD OF FUNERAL SERVICES

CHECK TO THE APPROPRIATE SECTION FOR US CITIZEN OR NON-CITIZEN, AND CHECK THE DOCUMENT THAT YOU ARE SUBMITTING TO PROVE US CITIZENSHIP OR LAWFUL PRESENCE IN THE US

|  |  |
|--|--|
| <b>I am a United States (US) Citizen. I am submitting the attached copy of my document to prove citizenship/legal presence:</b>                              |  |
| <input type="checkbox"/>   | Alabama Driver's License or Identification issued by Department of Public Safety |
| <input type="checkbox"/>   | Driver's License from other state that required proof of lawful presence         |
| <input type="checkbox"/>   | Birth Certificate indicating US birth  |
| <input type="checkbox"/>   | Valid US Passport  |
| <input type="checkbox"/>   | A valid Uniformed Services Privileges and Identification Card                    |
| <input type="checkbox"/>   | Naturalization documents   |
| <input type="checkbox"/>   | Certificate of citizenship   |
| <input type="checkbox"/>   | Bureau of Indian Affairs identification  |
| <b>I am NOT a United States Citizen. The copy of the document(s) to prove legal presence I am submitting (and attached to this checklist) is as follows:</b> |  |
| <input type="checkbox"/>   | I-551 Permanent Resident Card (copy front and back)                              |
| <input type="checkbox"/>   | I-766 Employment Authorization Card (copy front and back)                        |
| <input type="checkbox"/>   | Other: (Explain)   |

#### IMMIGRATION:

Act No. 2011-535 as amended by Act No. 2012-491 and now codified as Section 31-13-1, et seq., of the Code of Alabama 1975 is referred to as Alabama's Immigration Law or the Beason-Hammon Act and imposes certain requirements on persons applying for or renewing a professional license. Specifically, Section 31-13-29 of the Code of Alabama 1975 requires that applicants applying for or renewing a professional license must demonstrate his or her United States citizenship, or if not a United States Citizen, his or her lawful presence in the United States. The Immigration Law also provides that a citizen shall not be required to demonstrate citizenship for subsequent transactions. Please see below for two lists of documents, one to demonstrate a person's United States citizenship or the other to demonstrate lawful presence in the United States. You must select your appropriate status, choose the appropriate document(s) from the list of documents, include a copy of the selected document(s) with this form and submit it with your application.

I CERTIFY UNDER PENALTY OF PERJURY THAT ALL REPRESENTATIONS MADE ON THIS FORM AND ATTACHMENTS ARE TRUE AND ACCURATE.

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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**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

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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 |
|--------------------------------|-------------|

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

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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 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 |
|---|-------------|

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