

PHYSICAL ADDRESS:  
 4276 LOMAC STREET  
 MONTGOMERY, AL 36106  
 WEBSITE:www.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  
 APPRENTICE CERTIFICATION RENEWAL  
 FOR THE RENEWAL PERIOD OF OCTOBER 1, 2024 THROUGH OCTOBER 1, 2025  
 This form must accompany your renewal fee.**

PLEASE PRINT

FIRST NAME		MIDDLE NAME		LAST NAME	
MAILING ADDRESS			CITY	STATE	ZIP
PHYSICAL ADDRESS			CITY	STATE	ZIP
EMAIL ADDRESS*		DATE OF BIRTH		CONTACT NUMBER	
ARE YOU EMPLOYED BY A FUNERAL ESTABLISHMENT?				YES	NO
ESTABLISHMENT NAME				CONTACT NUMBER	
ESTABLISHMENT ADDRESS			CITY	STATE	ZIP
SUPERVISING FUNERAL DIRECTOR (CHANGES MUST BE SUBMITTED IN WRITING)				LICENSE NUMBER	CONTACT NUMBER
SUPERVISING EMBALMER (CHANGES MUST BE SUBMITTED IN WRITING)				LICENSE NUMBER	CONTACT NUMBER
HAVE YOU BEEN CONVICTED OR PLEAD GUILTY TO A FELONY OR MISDEMEANOR, OTHER THAN A TRAFFIC VIOLATION SINCE YOUR LAST RENEWAL? IF YES, CERTIFIED COURT RECORDS ARE REQUIRED TO BE SUBMITTED TO THE BOARD				YES	NO
I HAVE COMPLETED AND HAVE ATTACHED MY CASE REPORT(S) WITH SKILLS EVALUATION FORM(S) FOR THE PERIOD OF OCTOBER 1, 2023 THROUGH SEPTEMBER 1, 2024				YES	NO
I HAVE ATTACHED MY ANNUAL REPORT FORM(S) COMPLETED AND SIGNED BY MY SUPERVISOR(S) OF RECORD FOR THE PERIOD OF OCTOBER 1, 2023 THROUGH SEPTEMBER 1, 2024				YES	NO
ALL RENEWAL APPLICATIONS MUST BE RETURNED WITH FEES ON OR BEFORE SEPTEMBER 1, 2024. A LATE FEE OF \$100.00 WILL BE DUE FOR EACH CERTIFICATE RENEWED BETWEEN SEPTEMBER 2, 2024 AND OCTOBER 1, 2024. AFTER OCTOBER 1, 2024 THE CERTIFICATE IS EXPIRED AND MAY BE REINSTATED BY COMPLYING WITH THE PROVISIONS RELATING TO REACTIVATION, IN ADDITION TO PAYMENT OF ALL BACK FEES AND PENALTIES. I UNDERSTAND THAT ANY FALSE STATEMENT GIVEN HEREIN OR ON THE ORIGINAL APPLICATION WILL SUBJECT MY CERTIFICATE TO DENIAL OR REVOCATION.					
SIGNATURE				DATE SIGNED	
SELECT CERTIFICATE FOR RENEWAL (✓)					
APPRENTICE FUNERAL DIRECTOR (\$50.00)			APPRENTICE EMBALMER (\$50.00)		
<b>OFFICE USE ONLY</b>					
RECEIVED	POSTED	CA,CK,CC,CCK,MO	POSTED BY	CONTROL NUMBER	
				AFD:	
				AEM:	
				CASES	MONTHS
				AFD	
				AEM	

***Renewals submitted without case reports, skills evaluations, and/or annual reports  
 WILL NOT BE accepted or processed***