

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 Service
MORTUARY SERVICE RENEWAL
FOR THE RENEWAL PERIOD OF OCTOBER 1, 2024 THROUGH OCTOBER 1, 2026
 This form must accompany your renewal fee.

PLEASE PRINT

| | | | |
|--|-----------------|--------------------------------------|--|
| ESTABLISHMENT NAME | | LICENSE NUMBER | |
| MAILING ADDRESS | CITY | STATE | ZIP |
| PHYSICAL ADDRESS | CITY | STATE | ZIP |
| EMAIL ADDRESS* | | | CONTACT NUMBER |
| MANAGING EMBALMER | | | LICENSE NUMBER |
| RESIDENCE PHYSICAL ADDRESS (NO PO BOXES) | | | CONTACT NUMBER |
| DOES THIS ESTABLISHMENT HAVE A CREMATORY ON THE PREMISES? | | | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| MANAGING CREMATIONIST | | | LICENSE NUMBER |
| RESIDENCE PHYSICAL ADDRESS (NO PO BOXES) | | | CONTACT NUMBER |
| TYPE OF OWNERSHIP | SOLE PROPRIETOR | | PARTNERSHIP |
| **IF PROPRIETORSHIP OR PARTNERSHIP, LIST NAME(S) OF OWNER(S). MUST BE COMPLETED IF APPLICABLE | | | |
| NAMES OF OWNER(S) | | | |
| TYPE OF OWNERSHIP | CORPORATION | | LLC |
| **IF CORPORATION OR LLC, LIST CORPORATE NAME REGISTERED WITH ALABAMA SECRETARY OF STATE, OFFICERS, AND TITLES. MUST BE COMPLETED IF APPLICABLE. | | | |
| REGISTERED NAME OF CORPORATION OR LLC | | | |
| OFFICERS NAMES AND TITLES | | | |
| <i>I UNDERSTAND THAT ANY FALSE INFORMATION WILL SUBJECT THE LICENSE TO SUSPENSION OR REVOCATION.</i> | | | |
| SIGNATURE | | RELATIONSHIP TO ESTABLISHMENT | DATE SIGNED |
| SWORN AND SUBSCRIBED BEFORE ME A NOTARY PUBLIC IN THE STATE OF ALABAMA ON THIS _____ DAY OF _____, 20_____. <div style="text-align: right;"> _____ NOTARY SIGNATURE _____ MY COMMISSION EXPIRES </div> | | | |
| SELECT LICENSE FOR RENEWAL (✓) | | | |
| MORTUARY SERVICE (\$500.00) LICENSE NO _____ | | | |
| OFFICE USE ONLY | | | |
| RECEIVED | POSTED | CA,CK,CC,CCK,MO | POSTED BY |
| | | | CONTROL NUMBER |
| | | | EST. |