



**KAY IVEY**  
GOVERNOR

# ALABAMA BOARD OF FUNERAL SERVICES

4276 LOMAC STREET | MONTGOMERY, ALABAMA 36106  
P.O. BOX 309522 | MONTGOMERY, ALABAMA 36130  
PHONE 334.242.4049 | [WWW.FSB.ALABAMA.GOV](http://WWW.FSB.ALABAMA.GOV)  
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**CHARLES PERINE**  
EXECUTIVE DIRECTOR

October 1, 2024

To: Alabama Crematory Operators

From: Charles M. Perine

RE: Annual Cremation Reports

Crematory operators please find attached the annual report for cremations performed for the period **October 1, 2023** through **October 1, 2024**. The beginning metal disk number must be the next sequential number following the ending metal disk number from the 2022 -2023 cremation report. All metal disk numbers covered in this report period must be entered sequentially on the log. The log may be reproduced as needed. Additional information may be added to the log as long as it contains the information required by the Board. The annual report and cremation log are due in the Board's office by **November 1, 2024**. Logs may be submitted electronically to the email address above.

Enclosure

Sincerely,

A handwritten signature in blue ink that reads "Charles M. Perine".

Charles M. Perine  
Executive Director



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**CHARLES PERINE**  
EXECUTIVE DIRECTOR

## ALABAMA BOARD OF FUNERAL SERVICE CREMATORY ANNUAL REPORT

Establishment Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Funeral Establishment license number: \_\_\_\_\_

Period cover by this report:           OCTOBER 1, 2023 to OCTOBER 1, 2024

Beginning metal disk number: \_\_\_\_\_

Ending metal disk number: \_\_\_\_\_

Total number of cremations performed during the period stated above: \_\_\_\_\_

Managing cremationist: \_\_\_\_\_

Managing cremationist license number: \_\_\_\_\_

How many cremation chambers are present at the crematory: \_\_\_\_\_

What type(s) of cremation chamber is present at the crematory: \_\_\_\_\_

What is the maximum operating temperature of each cremation chamber(s): \_\_\_\_\_

### CERTIFICATION

I hereby submit a list of the individual cremations performed at this establishment for the period reported. This list includes the name of the deceased, the identification number assigned, date of cremation, the name of the cremationist who performed the cremation, the funeral establishment or entity for whom the cremation was performed, the type of cremation, and the disposition of the cremated remains. I certify that the information provided herein, and the information provided on the enclosed list is true and correct and is an accurate reflection of the activities of this crematory. I understand that the submission of any false or inaccurate information in this report could subject my personal and/or establishment license to suspension or revocation.

\_\_\_\_\_

Signature of Owner or Manager

Sworn and Subscribed to me the \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_\_\_.

\_\_\_\_\_

Notary Seal

Notary Signature