

PHYSICAL ADDRESS:  
 4276 LOMAC STREET  
 MONTGOMERY, ALABAMA 36106  
 WEBSITE: www.fsb.alabama.gov  
 EMAIL: info@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  
 APPLICATION FOR APPRENTICE REGISTRATION**

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

PLEASE PRINT

APPLICANT IDENTIFYING INFORMATION					
FIRST NAME	MIDDLE NAME	LAST NAME		SUFFIX	
MAILING ADDRESS		COUNTY	CITY	STATE	ZIP
PHYSICAL ADDRESS		COUNTY	CITY	STATE	ZIP
EMAIL ADDRESS			COUNTY OF RESIDENCE		
CONTACT NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER			

EDUCATION		
LIST THE EDUCATIONAL INSTITUTIONS ATTENDED OR ATTENDING THAT SATISFY THE EDUCATIONAL REQUIREMENTS FOR LICENSURE AND INCLUDE A COPY OF YOUR HIGH SCHOOL DIPLOMA, MORTUARY SCHOOL OFFICIAL TRANSCRIPT, OR BACHELOR'S DEGREE (WHICHEVER IS APPLICABLE)		
HIGH SCHOOL/GED INSTITUTION ATTENDED (INCLUDE CITY AND STATE)	GRADUATION DATE (MM/DD/YY)	
MORTUARY SCHOOL ATTENDED	DEGREE (OFFICIAL TRANSCRIPT REQUIRED)	GRADUATION DATE (MM/DD/YY)
SCHOOL FROM WHICH BACHELOR'S DEGREE OBTAINED (if applicable)	MAJOR	GRADUATION DATE (MM/DD/YY)

EXAMINATION INFORMATION				
ARE YOU CURRENTLY ENROLLED IN AN ACCREDITED MORTUARY SCHOOL, IF YES LIST SCHOOL NAME _____	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
HAVE YOU PASSED AN NBE EXAM ADMINISTERED BY THE INTERNATIONAL CONFERENCE OF FUNERAL SERVICE EXAMINING BOARDS? IF YES, WHICH SECTION/MONTH/YEAR PASSED: _____	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
HAVE YOU PASSED AN EXAM ADMINISTERED BY THE ALABAMA BOARD OF FUNERAL SERVICE BOARDS? IF YES, WHICH EXAM/MONTH/YEAR PASSED: _____	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
<b>*CERTIFIED COPIES OF YOUR NBE EXAM RESULTS MUST BE SENT TO THE BOARD FROM THE CONFERENCE</b>				

APPRENTICESHIP WILL BE SERVED AT			
NAME OF ESTABLISHMENT			CONTACT NUMBER
PHYSICAL ADDRESS	CITY	STATE	ZIP
NAME OF LICENSED SUPERVISING FUNERAL DIRECTOR			LICENSE NUMBER
NAME OF LICENSED SUPERVISING EMBALMER			LICENSE NUMBER

PREVIOUSLY LICENSED IN OTHER JURISDICTIONS				
IF YOU HAVE EVER BEEN LICENSED, CERTIFIED, OR REGISTERED IN ANOTHER STATE OR JURISDICTION TO PRACTICE IN THE PROFESSION FOR WHICH YOU ARE NOW MAKING APPLICATION, PLEASE PROVIDE THE STATE(S) WHERE LICENSED _____				
JURISDICTION(S)	TYPE OF LICENSE	LICENSE NUMBER	EFFECTIVE DATES OF LICENSE	LICENSE STATUS

REGISTRATION(S) APPLYING FOR: CHECK ALL THAT APPLY			
APPRENTICE FUNERAL DIRECTOR (\$50.00):	<input type="checkbox"/>	APPRENTICE EMBALMER (\$50.00):	<input type="checkbox"/>
BACKGROUND CHECK FEE (\$38.25)	<input type="checkbox"/>		

**ALL APPLICATION FEES MAY BE INCLUDED IN ONE (1) CHECK, MONEY ORDER, OR CERTIFIED CHECK**

**PAST DISCIPLINARY ACTION**

HAVE YOU EVER HAD ANY LICENSE OR REGISTRATION TO PRACTICE EMBALMING, FUNERAL DIRECTING OR CREMATION REVOKED, SUSPENDED, FINED, PLACED ON PROBATION, OR OTHERWISE DISCIPLINED IN THIS STATE OR ANY OTHER STATE OR JURISDICTION?	YES		NO	
DO YOU HAVE ANY DISCIPLINARY ACTIONS PENDING?	YES		NO	
HAVE YOU EVER VOLUNTARILY RELINQUISHED OR SURRENDERED A PROFESSIONAL LICENSE OR REGISTRATION TO PRACTICE EMBALMING, FUNERAL DIRECTING OR CREMATION WHILE UNDER INVESTIGATION OR AFTER INITIATION OF A DISCIPLINARY PROCEEDING AGAINST YOU OR THE LICENSE?	YES		NO	
HAVE YOU EVER HAD ANY LICENSE/REGISTRATION APPLICATION TO PRACTICE FUNERAL SERVICES DENIED?	YES		NO	

*If you answered "yes" to any of the questions above, submit notices, orders, etc. from the appropriate regulatory board as well include a written statement/explanation relating to any disciplinary action.*

**CRIMINAL HISTORY**

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR A FELONY IN THIS OR ANY OTHER STATE, LOCAL JURISDICTION, OR ANY OTHER FOREIGN COUNTRY, OR ARE CRIMINAL CHARGES CURRENTLY PENDING AGAINST YOU?	YES		NO	
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IF YES, ATTACH AN EXPLANATION THAT INCLUDES THE TYPE OF VIOLATION, THE DATE, CIRCUMSTANCES, LOCATION AND THE COMPLETE PENALTY RECEIVED. INCLUDE COPIES OF COURT DOCUMENTS, ARREST RECORDS, VERIFICATION OF RESTITUTION RECEIVED BY THE COURT, AND VERIFICATION OF SUCCESSFUL COMPLETION OF PROBATION. YOU MUST INCLUDE ALL MISDEMEANOR AND FELONY CONVICTIONS, REGARDLESS OF THE AGE OF THE CONVICTION INCLUDING THOSE WHICH HAVE BEEN SET ASIDE AND/OR DISMISSED. (TRAFFIC VIOLATIONS NEED NOT BE REPORTED)

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE READ THIS APPLICATION IN ITS ENTIRETY. THE RESPONSES AND ATTACHED MATERIALS I HAVE PROVIDED ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I FURTHER CERTIFY THAT I AM OF GOOD MORAL CHARACTER AND HAVE REVIEWED AND WILL ALWAYS COMPLY WITH ALL APPLICABLE STATE LAWS, RULES AND REGULATIONS GOVERNING THE CERTIFICATION I AM SEEKING TO OBTAIN. I HEREBY AUTHORIZE AND DIRECT ANY PERSON, AGENCY, FIRM, OR OTHER ENTITY TO RELEASE, UPON THE REQUEST OF THE ALABAMA BOARD OF FUNERAL SERVICE, ANY INFORMATION, COMMUNICATION, REPORT, RECORDS, STATEMENT, RECOMMENDATION, OR DISCLOSURE THAT MAY HAVE BEARING ON MY ELIGIBILITY FOR OR CONTINUANCE OF THE CERTIFICATION FOR WHICH I AM APPLYING. I UNDERSTAND THAT BY SIGNING THIS APPLICATION I AM AUTHORIZING THE RELEASE OF INFORMATION ABOUT ME THAT MAY OTHERWISE BE PROTECTED OR CONFIDENTIAL.

I UNDERSTAND THAT I MUST DEVOTE AN AVERAGE OF AT LEAST THIRTY (30) HOURS PER WEEK TO THE DUTIES OF THIS APPRENTICESHIP. FURTHER, THAT MY SUPERVISOR MUST SUBMIT AN ANNUAL REPORT AND SKILLS EVALUATION FORM TO THE BOARD BY THE FIRST DAY OF OCTOBER SHOWING THE NUMBER OF HOURS SERVED AND THE NUMBER OF BODIES I HAVE ASSISTED IN PREPARING FOR DISPOSITION DURING THE PREVIOUS YEAR.

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

\_\_\_\_\_ (PRINT APPLICANT NAME) \_\_\_\_\_ (APPLICANT SIGNATURE)

**TO BE EXECUTED BY LICENSED FUNERAL DIRECTOR**

I DEPOSE AND SAY THE I PERSONAL KNOWLEDGE OF THIS PERSON'S GOOD CHARACTER AND REPUTATION. I HEREBY RECOMMEND THE APPROVAL OF THIS APPLICATION. I HAVE BEEN AND AM CURRENTLY LICENSED AS A FUNERAL DIRECTOR IN ALABAMA.

SIGNATURE	LICENSE NUMBER	CONTACT NUMBER
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PRINTED NAME

**TO BE EXECUTED BY LICENSED EMBALMER**

I DEPOSE AND SAY THE I PERSONAL KNOWLEDGE OF THIS PERSON'S GOOD CHARACTER AND REPUTATION. I HEREBY RECOMMEND THE APPROVAL OF THIS APPLICATION. I HAVE BEEN AND AM CURRENTLY LICENSED AS AN EMBALMER IN ALABAMA.

SIGNATURE	LICENSE NUMBER	CONTACT NUMBER
-----------	----------------	----------------

PRINTED NAME

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

SEA \_\_\_\_\_ NOTARY PUBLIC \_\_\_\_\_  
 \_\_\_\_\_ MY COMMISSION EXPIRES \_\_\_\_\_



**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)

info@fsb.alabama.gov



**CHARLES PERINE**  
DIRECTOR

## Apprentice Supervision Agreement

### TO BE EXECUTED BY LICENSED FUNERAL DIRECTOR

I AGREE TO SUPERVISE \_\_\_\_\_ AS AN APPRENTICE FUNERAL DIRECTOR. ENSURING THEY FOLLOW THE LAW AND RULES, AND ENSURING ALL ANNUAL REPORTS, SKILL EVALUATIONS, AND CASE REPORTS ARE SIGNED AND SUBMITTED. I UNDERSTAND THAT THE OBJECTIVE IS TO TRAIN AND PREPARE THIS APPRENTICE FOR LICENSURE. I HEREBY RECOMMEND THE APPROVAL OF THIS APPLICATION. I HAVE BEEN AND AM CURRENTLY LICENSED AS A FUNERAL DIRECTOR IN ALABAMA.

\_\_\_\_\_  
Funeral Director Signature License Number Date

\_\_\_\_\_  
Printed Name

### TO BE EXECUTED BY LICENSED EMBALMER

I AGREE TO SUPERVISE \_\_\_\_\_ AS AN APPRENTICE EMBALMER. ENSURING THEY FOLLOW THE LAW AND RULES, AND ENSURING ALL ANNUAL REPORTS, SKILL EVALUATIONS, AND CASE REPORTS ARE SIGNED AND SUBMITTED. I UNDERSTAND THAT THE OBJECTIVE IS TO TRAIN AND PREPARE THIS APPRENTICE FOR LICENSURE. I HEREBY RECOMMEND THE APPROVAL OF THIS APPLICATION. I HAVE BEEN AND AM CURRENTLY LICENSED AS AN EMBALMER IN ALABAMA.

\_\_\_\_\_  
Embalmer Signature License Number Date

\_\_\_\_\_  
Printed Name

Subscribed and sworn to before me, a notary in the State of Alabama this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

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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: \_\_\_\_\_

**APPLICATION TO REVIEW ALABAMA CRIMINAL HISTORY RECORD INFORMATION**



**PERSONAL INFORMATION**

Full Name (First, Middle, Last, Suffix): \_\_\_\_\_ Sex/Gender:  Male  Female

Aliases/Nickname: \_\_\_\_\_

Applicant Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (MM/DD/YYYY) Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Race:  White  Black  Asian  Indian  Other (please specify) \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Mobile Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

**WORK INFORMATION**

Employer Name: \_\_\_\_\_ Employer Phone: (\_\_\_\_) \_\_\_\_\_

Contractor Name: \_\_\_\_\_ Contractor Phone: (\_\_\_\_) \_\_\_\_\_

State Agency: \_\_\_\_\_ Agency Phone: (\_\_\_\_) \_\_\_\_\_

Work Email Address: \_\_\_\_\_

Job Role/Classification: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

**Included with my Release are the following items:**

- Completed Application signed by applicant and **two witnesses** OR notarized.
- The required copy of my valid photo identification.
- A classifiable copy of my own fingerprints taken by an authorized law enforcement agency as required.
- If applying for state employment/licensure/certification, reference that agency's fee requirements for a background check.**
- PERSONAL REQUESTS ONLY:** The required \$25.00 administrative fee (must be in the form of a money order or Cashier's check made payable to the ALEA, Criminal Records and Identification Unit).

**AFFIDAVIT FOR RELEASE INFORMATION**

**I hereby authorize the Alabama Law Enforcement Agency to release any and all criminal history information to:**

ALABAMA BOARD OF FUNERAL SERVICE, 4276 LOMAC STREET, MONTGOMERY, AL 36106

**Name & Address of Requesting Agency or Authorized Agent\***

*I, the above referenced individual, hereby request to release any and all criminal history record information (CHRI) maintained by both the Alabama Law Enforcement Agency, the Federal Bureau of Investigation, and any information relating to my past record and character whether it be financial, academic, military, employment, judicial, or personal reference. I hereby release all parties contributing such information from any charges or liability whatsoever because of furnishing said information. By signing below and submitting this application, I hereby verify that the information listed in my application and in the attached documentation is correct. I also acknowledge that I understand that, in accordance with Section 41-9-601 of the Code of Alabama 1975, that any person who willfully requests, obtains or seeks to obtain criminal offender record information under false pretenses, or who willfully communicates or seeks to communicate criminal offender record information to any agency or person without authorization, may be guilty of a felony, and shall be fined not less than \$5,000 nor more than \$10,000 or imprisoned in the state penitentiary for not more than five years or both. § 41-9-601, Code of Ala. (1975). Furthermore, as set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34 I have the right to challenge or appeal any portion of my state and/or federal CHRI that I believe to be inaccurate (see "Appendix A" for contact information).*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Witness \_\_\_\_\_ Name of Witness \_\_\_\_\_

Address of Witness \_\_\_\_\_ Address of Witness \_\_\_\_\_

City, State and Zip \_\_\_\_\_ City, State and Zip \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Notary Signature \_\_\_\_\_ My Commission Expires \_\_\_\_\_, 20\_\_.

<b>FOR ALEA OFFICIAL USE ONLY:</b> TCN: _____ SID: AL _____		Billed: _____ Paid: _____ No Charge: _____
Received By (Initials): _____/Date: ____/____/____	Processed By (initials): _____/Date: ____/____/____	Check#: _____
Walk-in/Hand Delivered _____ Mailed _____	Status: _____ Initials: _____ Date: ____/____/____	Background Check Qty: _____ Total: \$ _____
		Certified Letter Qty: _____ Total: \$ _____

**NOTICE OF PRIVACY DISCLOSURE STATEMENT****DISCLOSURE STATEMENT:**

The following disclosure statement is to inform you of your rights as an applicant who is the subject of a criminal history record check for noncriminal justice purposes (licensure, certification, renewal, immigration, naturalization, security clearance, or adoption, etc.) pursuant to the Privacy Act of 1974, Title 5, U.S.C., Section 552a, and Title 28, CFR, Section 50.12.

\_\_\_\_\_, hereby authorize the **ALABAMA BOARD OF FUNERAL SERVICES**  
 \_\_\_\_\_  
 Print Name Authorized Recipient

to request and be the recipient of my criminal history information, to determine my suitability for licensure.

The fingerprints will be utilized to conduct a national and state criminal background check. The Authorized Recipient (AR) will obtain any and all criminal history information from the FBI and/or Alabama Law Enforcement Agency (ALEA).

If you have an incomplete and/or inaccurate criminal history record, employment will not be denied until the applicant has been afforded a "reasonable time" to correct or complete the record or has declined to do so.

The AR will use the criminal history record solely for the purpose requested and cannot disseminate the record outside the receiving department, related agency, or other authorized entity.

If agency policy permits, the AR may provide a copy of your federal/state criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, as set forth in Title 28 CFR, Section 16.34, applicant may challenge or appeal any portion of his/her own criminal history record information (CHRI) that he/she believes to be incomplete or inaccurate by contacting the Criminal Records & Identification Unit within ALEA at 334-517-2450.

**PRIVACY ACT STATEMENT:**

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal regulations, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Social Security Account Number (SSAN).** Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

**Additional Information:** The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

Our Notice of Privacy Disclosure Statement provides information about how we may use and disclose federal/state criminal history record information about you. By signing this receipt, you acknowledge that you have reviewed, or have been given the opportunity to review, our Notice of Privacy Disclosure Statement.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

ALABAMA LAW ENFORCEMENT AGENCY/CRIMINAL JUSTICE SERVICES DIVISION  
**CONSENT TO CONDUCT BACKGROUND CHECK OF A MINOR**



*\*This form must be completed by a parent of legal guardian\**

Date \_\_\_\_\_

\_\_\_\_\_ minor (name), is requesting a background check.

I, \_\_\_\_\_, parent or legal guardian, consent and authorize the Alabama Law Enforcement Agency to conduct a background check on the above-referenced minor. As the parent or legal guardian, I understand the purposes of this background check and hereby provide my consent for the background check.

**AUTHORIZATION:**

By signing below, I hereby certify that I am the parent or legal guardian of the above-referenced minor and that I consent to the background check.

\_\_\_\_\_  
Print Name of Parent or Legal Guardian

\_\_\_\_\_  
Relationship to Minor

\_\_\_\_\_  
Minor's Date of Birth (for identification purposes only)

\_\_\_\_\_  
Parent or Legal Guardian Telephone #

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Minor

\_\_\_\_\_  
Date

Questions about this form? Contact the Criminal Records and Identification Unit at 334-517-2450 | 08/2018

**\*\*COPY OF PARENT OR GUARDIAN DRIVERS LICENSE REQUIRED\*\***