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**Alabama Board of Funeral Services
 CREMATIONIST AFFIDAVIT (ONE REQUIRED)**

IN SUPPORT OF APPLICATION FOR INITIAL LICENSING AS CREMATIONIST

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	
FUNERAL ESTABLISHMENT EMPLOYED BY			CONTACT NUMBER
BUSINESS ADDRESS	CITY	STATE	ZIP

THE FOLLOWING AFFIDAVIT IS SUBMITTED IN SUPPORT OF MY ORIGINAL LICENSE AS CREMATIONIST IN ACCORDANCE
 WITH 34-13-120.1 CODE OF ALABAMA

TO BE EXECUTED BY CREMATORY OWNER

I DEPOSE AND SAY THE I HAVE KNOWN _____ FOR _____ YEARS
 AND HAVE PERSONAL KNOWLEDGE OF THIS PERSON'S GOOD CHARACTER AND REPUTATION. THIS APPLICANT HAS TO MY
 KNOWLEDGE RECEIVED ADEQUATE TRAINING TO PERFORM THE DUTIES OF A CREMATIONIST. I AM CURRENTLY THE
 OWNER OF THE BELOW STATED ESTABLISHMENT THAT IS LICENSED BY THE ALABAMA BOARD OF FUNERAL SERVICE.

ESTABLISHMENT NAME	CITY
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I UNDERSTAND THAT ANY FALSE STATEMENT GIVEN HEREIN WILL SUBJECT MY ALABAMA ESTABLISHMENT LICENSE TO DENIAL OR
 REVOCATION

PRINTED NAME OF CREMATORY OWNER	
ADDRESS	CONTACT NUMBER

SIGNATURE OF CREMATORY OWNER	DATE SIGNED
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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