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 P O BOX 309522
 MONTGOMERY, AL 36130
 PHONE: 334-242-4049
 FAX: 334-353-7988

ALABAMA BOARD OF FUNERAL SERVICES CREMATORY REGISTRATION APPLICATION

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

PLEASE PRINT

NAME OF FUNERAL ESTABLISHMENT			
MAILING ADDRESS	CITY	STATE	ZIP
PHYSICAL ADDRESS	CITY	STATE	ZIP
EMAIL ADDRESS*		CONTACT NUMBER	
COUNTY		DISTRICT NUMBER	
APPLICATION IS HEREBY SUBMITTED FOR REGISTRATION AS A CREMATORY UNDER THE PROVISIONS OF SECTION 34-13-120 CODE OF ALABAMA. ATTACHED HERETO IS THE REGISTRATION FEE OF \$200.00 , A DESCRIPTION WITH PHOTOGRAPHS OF THE BUILDING(S), EQUIPMENT, AND FACILITIES OF THE CREMATORY. APPLICANT HAS READ AND UNDERSTANDS AND AGREES TO ABIDE BY THE PROVISIONS OF TITLE 34, CHAPTER 13, CODE OF ALABAMA 1975, AND ADMINISTRATIVE CODE 395, WHICH GOVERNS THE ISSUANCE OF THE REGISTRATION REQUESTED. IN SUPPORT OF THIS APPLICATION THE INFORMATION BELOW IS SUBMITTED AND ATTESTED.			
THE NAME AND PHYSICAL ADDRESS OF THE FUNERAL ESTABLISHMENT WHERE THE CREMATORY IS FIXED ON THE PREMISES REQUESTED TO BE REGISTERED IS AS STATED ABOVE. _____			
NAME OF MANAGING CREMATIONIST (MUST BE LICENSED AS BOTH A FUNERAL DIRECTOR AND CREMATIONIST BY THE BOARD)		LICENSE NUMBER	CONTACT NUMBER
PHYSICAL ADDRESS	CITY	STATE	ZIP
ESTABLISHMENT IS OWNED BY			
INDIVIDUAL PROPRIETOR		PARTNERSHIP	
CORPORATION		LLC	
INDIVIDUAL PROPRIETOR OR PARTNERSHIP (LIST NAME AND ADDRESS OF EACH OWNER)			
NAME	ADDRESS CITY/STATE/ZIP	CONTACT NUMBER	% OF OWNERSHIP
NAME	ADDRESS CITY/STATE/ZIP	CONTACT NUMBER	% OF OWNERSHIP
NAME	ADDRESS CITY/STATE/ZIP	CONTACT NUMBER	% OF OWNERSHIP
CORPORATION OR LLC (LIST CORPORATE NAME AND OFFICERS) _____			
NAME	ADDRESS CITY/STATE/ZIP	CONTACT NUMBER	% OF OWNERSHIP
NAME	ADDRESS CITY/STATE/ZIP	CONTACT NUMBER	% OF OWNERSHIP
NAME	ADDRESS CITY/STATE/ZIP	CONTACT NUMBER	% OF OWNERSHIP
STATE, COUNTY, DATE OF INCORPORATION: _____			
WILL THE CREMATORY DO THIRD PARTY CREMATIONS?		YES	NO

I CERTIFY THAT THE ESTABLISHMENT AND CREMATORY, EQUIPMENT, INVENTORY, SUPPLIES, PERSONNEL AND PREMISES MEET OR EXCEED THAT MINIMUM QUALIFICATION REQUIRED BY LAW FOR CERTIFICATION AND LICENSING.

I CERTIFY THAT THE ESTABLISHMENT HAS A HOLDING ROOM THAT IS A MINIMUM OF 100 SQ. FT. WITH NON-POROUS FLOORS AND WALLS LOCATED WITHIN THE CREMATORY DESIGNATED FOR THE RETENTION OF HUMAN REMAINS BEFORE AND AFTER CREMATION THAT IS SECURED BY LOCKING DOORS WITH SIGNS INDICATING "EMPLOYEES ONLY". THE HOLDING ROOM SHALL CONTAIN RECEPTACLES FOR SOILED LINEN, OR CLOTHING AND WASTE DISPOSAL. IT SHALL HAVE ADEQUATE LIGHTING AND SHALL BE KEPT CLEAN OF BLOOD AND AT NO TIME SHALL BE USED AS A STORAGE AREA. ANY OPENINGS SHALL BE SEALED TO PREVENT ODORS FROM ESCAPING INTO PUBLICAREA.

THE CREMATORY HAS OPERABLE REFRIGERATION WHICH SHALL HOLD THE REMAINS OF THREE DECEASED HUMANS AND SHALL MAINTAIN A CONSTANT TEMPERATURE BETWEEN 35 AND 45 DEGREES FAHRENHEIT AT ALL TIMES, OPERABLE CREMATION CHAMBER, OPERABLE PROCESSOR, AND OPERABLE VENTILATION UNIT IN CONJUNCTION WIT THE PROCESSOR.

THE CREMATORY HAS A HAND WASHING SINK WITH HOT AND COLD RUNNING WATER, AND ALL OTHER NECESSARY EQUIPMENT AND SUPPLIES, IN WORKING CONDITION NEEDED TO COMPLETE THE CREMATIONPROCESS

THE CREMATORY SHALL AT ALL TIMES USE COMBUSTIBLE CREMATION CONTAINERS THAT PROVIDE COMPLETE COVERING OF ALL REMAINS INDICATING THE REQUIRED IDENTIFYING INFORMATION OF THE HUMAN REMAINS CONTAINED WITHIN AS PRESCRIBED BY THE BOARD.

THE CREMATORY SHALL AT ALL TIMES USE THE INTERNAL IDENTIFICATION SYSTEM PRESCRIBED BY THE BOARD WHICH SHALL BE PRESENT WITH THE REMAINS THROUGHOUT ALL PHASES OF THE CREMATION PROCESS.

THE CREMATORY SHALL HAVE AN AUTHORIZATION FORM CONTAINING LANGUAGE PRESCRIBED BY THE BOARD IN ADDITION TO THE STATE IDENTIFICATION FORM REQUIRED TO BE PRESENT WITH THE REMAINS THROUGHOUT ALL PHASES OF THE CREMATION PROCESS

THE NUMBER OF CHAMBERS PRESENT _____

THE CREMATION CHAMBER(S) IS MANUFACTURED BY _____

THE CREMATION CHAMBER(S) UTILIZES HEAT AND FLAME CHEMICAL AGENTS TO REDUCE HUMAN REMAINS TO BONE FRAGMENTS.

THE CREMATION CHAMBERS MAXIMUM OPERATING TEMPERATURE _____

NUMBER OF CERTIFIED CREMATIONIST _____

THE ESTABLISHMENT IS MADE OF _____ CONSTRUCTION

THE APPROXIMATE SQUARE FOOTAGE OF THE MAIN BUILDING IS _____

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

(PRINT NAME)

(SIGNATURE)

(SOCIAL SECURITY NUMBER)

(RELATIONSHIP TO FUNERAL ESTABLISHMENT)

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

SEAL

NOTARY PUBLIC

MY COMMISSION EXPIRES

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**Alabama Board of Funeral Services
 MANAGING CREMATIONIST AFFIRMATION**

FIRST NAME		MIDDLE NAME		LAST NAME	
MAILING ADDRESS			CITY	STATE	ZIP
PHYSICAL ADDRESS			CITY	STATE	ZIP
EMAIL ADDRESS*		ALABAMA FUNERAL DIRECTOR LICENSE NUMBER		CONTACT NUMBER	

THE FOLLOWING IS SUBMITTED IN ACCORDANCE WITH 34-13-1(a)(58) CODE OF ALABAMA, 1975 and ADMINISTRATIVE CODE 395

I ACCEPT THE DUTIES AND RESPONSIBILITIES AS MANAGING CREMATIONIST OF THE FUNERAL ESTABLISHMENT NAMED BELOW. I UNDERSTAND AND AFFIRM THAT BEGINNING ON THE DATE INDICATED I WILL BE IN FULL CHARGE, CONTROL AND SUPERVISION OF ALL ACTIVITIES INVOLVING THE CREMATORY AT THE FUNERAL ESTABLISHMENT NAMED BELOW

ESTABLISHMENT NAME		ESTABLISHMENT NUMBER	EFFECTIVE DATE	
BUSINESS ADDRESS		CITY	STATE	ZIP

I AM CURRENTLY LICENSED AS A FUNERAL DIRECTOR AND CREMATIONIST IN ALABAMA. I UNDERSTAND THAT ANY FALSE STATEMENT GIVEN HEREIN WILL SUBJECT MY ALABAMA LICENSE AS AN EMBALMER TO DISCIPLINARY ACTION.

PRINTED NAME OF LICENSED FUNERAL DIRECTOR AND CREMATIONIST

SIGNATURE OF LICENSED FUNERAL DIRECTOR AND CREMATIONIST	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



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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 U.S. CITIZENSHIP OR LAWFUL PRESENCE IN THE U.S.

I am a United States (US) Citizen. I am submitting the attached copy of my document to prove citizenship/legal presence:	
<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
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:	
<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: _____