

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
 EMBALMER AFFIDAVIT (TWO REQUIRED)**

IN SUPPORT OF APPLICATION FOR INITIAL LICENSING AS EMBALMER

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 APPLICATION AS EMBALMER IN ACCORDANCE WITH 34-13-91 CODE OF ALABAMA

TO BE EXECUTED BY LICENSED EMBALMER

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 AND OBSERVATION SATISFACTORILY PERFORMED THE DUTIES OF AN APPRENTICE EMBALMER AT THE ESTABLISHMENTS LISTED BELOW FOR THE PERIODS SHOWN.

ESTABLISHMENT NAME	CITY	BEGINNING DATE	END DATE
ESTABLISHMENT NAME	CITY	BEGINNING DATE	END DATE
ESTABLISHMENT NAME	CITY	BEGINNING DATE	END DATE

I HAVE BEEN AND AM CURRENTLY LICENSED AS AN EMBALMER IN ALABAMA. I UNDERSTAND THAT ANY FALSE STATEMENT GIVEN HEREIN WILL SUBJECT MY ALABAMA LICENSE AS AN EMBALMER TO DENIAL OR REVOCATION

PRINTED NAME OF LICENSED EMBALMER	AL. LICENSE NUMBER
ADDRESS	CONTACT NUMBER

SIGNATURE OF LICENSED EMBALMER	DATE SIGNED
--------------------------------	-------------

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