

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
 ESTABLISHMENT CLOSURE AFFIRMATION**

ESTABLISHMENT NAME		LICENSE NUMBER	
MAILING ADDRESS	CITY	STATE	ZIP
PHYSICAL ADDRESS	CITY	STATE	ZIP
EMAIL ADDRESS*	CONTACT NUMBER		

CLOSURE DATE

IN ACCORDANCE WITH ADMINISTRATIVE CODE 395-X-6-.16 I ATTEST THAT THE ESTABLISHMENT NAMED ABOVE WILL CLOSE ON THE DATE STATED, WILL CEASE AND DESIST FROM ALL ACTIVITIES, AND WILL SURRENDER THE ESTABLISHMENT LICENSE TO THE BOARD. I ATTEST THAT THERE ARE NO HUMAN REMAINS OR CREMATED REMAINS PRESENT IN THE ESTABLISHMENT, ALL ARRANGEMENTS HAVE BEEN COMPLETED AND DEATH CERTIFICATES FILED.

NAME OF ESTABLISHMENT OWNER	CONTACT NUMBER
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SIGNATURE OF ESTABLISHMENT 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