

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  
 MANAGING CREMATIONIST AFFIRMATION**

FIRST NAME	MIDDLE NAME	LAST NAME	
MAILING ADDRESS	CITY	STATE	ZIP
PHYSICAL ADDRESS	CITY	STATE	ZIP
EMAIL ADDRESS*	ALABAMA CREMATIONIST 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 A FUNERAL DIRECTOR AND CREMATIONIST TO DISCIPLINARY ACTION.

PRINTED NAME OF LICENSED FUNERAL DIRECTOR AND CREMATIONIST

SIGNATURE OF LICENSED FUNERAL DIRECTOR AND CREMATIONIST	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