

ALABAMA BOARD OF FUNERAL SERVICES MANAGING CREMATIONIST RESIGNATION

FIRST NAME	MIDDLE NAME			LAST NAME	
MAILING ADDRESS		CITY		STATE	ZIP
PHYSICAL ADDRESS		СІТҮ		STATE	ZIP
EMAIL ADDRESS*		ALABAMA CREMATIONIST LICENSE		NUMBER	CONTACT NUMBER
THE FOLLOWING IS SUBMITTED IN ACCORDANCE WITH 34-13-112(c) CODE OF ALABAMA, 1975 and ADMINISTRATIVE CODE 395					
I RESIGN THE DUTIES AND RESPONSIBILITIES AS MANAGING CREMATIONIST OF THE FUNERAL ESTABLISHMENT NAMED BELOW. I UNDERSTAND AND AFFIRM THAT I HAVE INFORMED THE OWNER OF THE NAME FUNERAL ESTABLISHMENT OF MY RESIGNATION.					
ESTABLISHMENT NAME		ESTABLISHMENT NUMBER		ESTABLISHMENT CONTACT NUMBER	
BUSINESS ADDRESS		СІТҮ		STATE	ZIP
I UNDERSTAND THAT ANY FALSE STATEMENT GIVEN HEREIN WILL SUBJECT MY ALABAMA LICENSE AS A CREMATIONIST TO DISCIPLINARY ACTION.					
PRINTED NAME OF LICENSED CREMATIONIST					
SIGNATURE OF LICENSED CREMATIONIST		DATE SIGNED			