

PHYSICAL ADDRESS:  
 4276 Lomac Street  
 Montgomery, AL 36106  
 WEBSITE: www.fsb.alabama.gov  
 EMAIL: info@fsb.alabama.gov



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

**ALABAMA BOARD OF FUNERAL SERVICES  
 MORTUARY SERVICE 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 LICENSE AS A FUNERAL ESTABLISHMENT UNDER THE PROVISIONS OF SECTION 34-13-113 CODE OF ALABAMA, FOR THE FISCAL YEAR ENDING OCTOBER 1, 20____. ATTACHED HERETO ARE THE APPLICATION FEE OF <b>\$500.00</b> , A DESCRIPTION WITH PHOTOGRAPHS OF THE BUILDING(S), EQUIPMENT, AND FACILITIES OF THE ESTABLISHMENT. APPLICANT HAS READ AND UNDERSTANDS AND AGREES TO ABIDE BY THE PROVISIONS OF TITLE 34, CHAPTER 13, CODE OF ALABAMA 1975, WHICH GOVERNS THE ISSUANCE OF THE LICENSE REQUESTED. IN SUPPORT OF THIS APPLICATION THE INFORMATION BELOW IS SUBMITTED AND ATTESTED.															
NAME OF MANAGING EMBALMER					LICENSE NUMBER			CONTACT NUMBER							
PHYSICAL ADDRESS					CITY			STATE		ZIP					
NAME OF MANAGING CREMATIONIST (IF APPLICABLE)					LICENSE NUMBER			CONTACT NUMBER							
PHYSICAL ADDRESS					CITY			STATE		ZIP					
THE MORTUARY SERVICE IS OWNED BY															
		INDIVIDUAL PROPRIETOR				PARTNERSHIP				CORPORATION				LLC	
IF 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					
IF 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: _____															
SUBMIT A COPY OF THE ALABAMA SECRETARY OF STATE CERTIFICATE OR REGISTRATION SHOWING THE REGISTERED NAME OF THE CORPORATION, FIRM, OR LLC. (THE NAME OF THE CORPORATION, FIRM OR LLC CANNOT CONTAIN THE NAME OF AN INDIVIDUAL NOT LICENSED BY THE BOARD).															
DOES THE ESTABLISHMENT HAVE A CREMATORY ON THE PREMISES? IF YES, COMPLETE A CREMATORY REGISTRATION								YES		NO					
IF THERE IS A CREMATORY ON THE PREMISES, WILL IT PERFORM THIRD PARTY CREMATIONS?								YES		NO					

I CERTIFY THAT THE MORTUARY SERVICE, EQUIPMENT, INVENTORY, SUPPLIES, PERSONNEL AND PREMISES MEET OR EXCEED THE MINIMUM QUALIFICATIONS REQUIRED BY THE ALABAMA BOARD OF FUNERAL SERVICE FOR CERTIFICATION AND LICENSING.

I CERTIFY THAT THE ESTABLISHMENT HAS GENERAL LIABILITY INSURANCE WITH \_\_\_\_\_ IN AN AMOUNT OF AT LEAST ONE MILLION DOLLARS IN ACCORDANCE WITH 34-13-113(E) AND THE ESTABLISHMENT HAS PROVIDED PROOF. THE POLICY NUMBER IS \_\_\_\_\_ WITH AN EFFECTIVE DATE OF \_\_\_\_\_ AND AN EXPIRATION DATE OF \_\_\_\_\_.

I CERTIFY THAT THE MORTUARY SERVICE HAS A SANITARY PROPERLY EQUIPPED EMBALMING ROOM WITH A SANITARY FLOOR, NECESSARY DRAINAGE, VENTILATION, HOT AND COLD RUNNING WATER, APPROVED TABLES, INSTRUMENTS, SUPPLIES FOR THE PREPARATION AND EMBALMING OF DEAD HUMAN BODIES, AT LEAST ONE PROPERLY LICENSED AND OPERATIONAL MOTOR VEHICLE EQUIPPED FOR TRANSPORTING HUMAN REMAINS IN A CASKET OR URN.

I CERTIFY THAT THE MORTUARY SERVICE WILL PERFORM EMBALMING, CREMATION OR BOTH FOR ONLY LICENSED FUNERAL ESTABLISHMENTS AND **AT NO TIME WILL SERVICES OR MERCHANDISE BE ADVERTISED, SOLD DIRECTLY TO OR AT RETAIL TO THE PUBLIC.**

THE MORTUARY SERVICE IS MADE OF \_\_\_\_\_ CONSTRUCTION. THE APPROXIMATE SQUARE FOOTAGE OF THE BUILDING IS \_\_\_\_\_.

IT IS PROPOSED THAT THE MORTUARY SERVICE WILL BE OPEN (PENDING BOARD APPROVAL) \_\_\_\_\_

I CERTIFY THAT I AM (OWNER) A CITIZEN OF THE UNITED STATES OR LEGALLY PRESENT IN THE UNITED STATES  YES  NO

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

\_\_\_\_\_  
(PRINT NAME)

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(SOCIAL SECURITY NUMBER)

\_\_\_\_\_  
(RELATIONSHIP TO THE ESTABLISHMENT)

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

SEAL

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
MY COMMISSION EXPIRES

MORTUARY SERVICE (\$500.00)



PHYSICAL ADDRESS:  
4276 LOMAC STREET  
MONTGOMERY, ALABAMA 36106  
WEBSITE: [www.fsb.alabama.gov](http://www.fsb.alabama.gov)  
EMAIL: [info@fsb.alabama.gov](mailto:info@fsb.alabama.gov)

MAILING ADDRESS:  
P O BOX 309522  
MONTGOMERY, ALABAMA 36130  
PHONE: 334.242.49049  
FAX: 334.353.7988

### 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.

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

PHYSICAL ADDRESS:  
 4276 Lomac Street  
 Montgomery AL 36106  
 WEBSITE: [www.fsb.alabama.gov](http://www.fsb.alabama.gov)  
 EMAIL: [info@fsb.alabama.gov](mailto: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 EMBALMER AFFIRMATION**

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

THE FOLLOWING IS SUBMITTED IN ACCORDANCE WITH 34-13-1(a)(59) CODE OF ALABAMA, 1975 and ADMINISTRATIVE CODE 395

I ACCEPT THE DUTIES AND RESPONSIBILITIES AS MANAGING EMBALMER 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 EMBALMING AT THE FUNERAL ESTABLISHMENT NAMED BELOW

ESTABLISHMENT NAME	ESTABLISHMENT NUMBER	EFFECTIVE DATE	
BUSINESS ADDRESS	CITY	STATE	ZIP

I 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 DISCIPLINARY ACTION.

PRINTED NAME OF LICENSED EMBALMER

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