

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
 (72-HOUR) TEMPORARY 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-X-4-.07

I TEMPORARILY ACCEPT THE DUTIES AND RESPONSIBILITIES AS MANAGING EMBALMER FOR A PERIOD NOT TO EXCEED 72- HOURS FOR 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