

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 FUNERAL DIRECTOR AFFIRMATION**

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

THE FOLLOWING IS SUBMITTED IN ACCORDANCE WITH 34-13-1(a)(60) CODE OF ALABAMA, 1975 and
 ADMINISTRATIVE CODE 395 -X-4-.07

I TEMPORARILY ACCEPT THE DUTIES AND RESPONSIBILITIES AS MANAGING FUNERAL DIRECTOR 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 FUNERAL DIRECTING 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 IN ALABAMA. I UNDERSTAND THAT ANY FALSE STATEMENT GIVEN HEREIN WILL SUBJECT MY ALABAMA LICENSE AS A FUNERAL DIRECTOR TO DISCIPLINARY ACTION.

PRINTED NAME OF LICENSED FUNERAL DIRECTOR

SIGNATURE OF LICENSED FUNERAL DIRECTOR	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