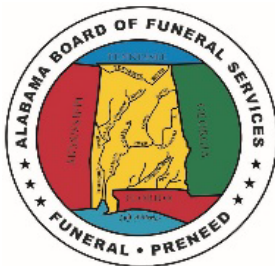


PHYSICAL ADDRESS:
4276 Lomac Street
Montgomery, Alabama 36106

WEBSITE:
www.fsb.alabama.gov

E-MAIL ADDRESS:
info@fsb.alabama.gov



MAILING ADDRESS:
Post Office Box 309522
Montgomery, Alabama 36130

OFFICE TELEPHONE NUMBER:
334-242-4049

FAX NUMBER:
334-353-7988

APPLICATION FOR NEW BRANCH REGISTRATION

No application will be considered for licensure until all items on the checklist are satisfied, unless otherwise approved by the Board

NAME OF CERTIFICATE OF AUTHORITY:	
D/B/A NAME (if applicable):	
MAILING ADDRESS:	
PHYSICAL ADDRESS (if different from mailing address):	
CERTIFICATE OF AUTHORITY'S E-MAIL ADDRESS:	CERTIFICATE OF AUTHORITY'S TELEPHONE NUMBER:
FUNERAL ESTABLISHMENT LICENSE NUMBER (if applicable):	FEDERAL EMPLOYER IDENTIFICATION NUMBER:
CERTIFICATE OF AUTHORITY'S FISCAL YEAR END DATE:	CERTIFICATE OF AUTHORITY LICENSE NUMBER:

NAME OF BUSINESS ENTITY BEING REGISTERED AS A BRANCH OF THE CERTIFICATE OF AUTHORITY:					
D/B/A NAME (if applicable):					
TYPE OF BUSINESS ENTITY (check the appropriate box):					
<input type="checkbox"/> Funeral Establishment	<input type="checkbox"/> Cemetery Authority	<input type="checkbox"/> Combination Funeral and Cemetery	<input type="checkbox"/> Third-Party Seller		
TYPE OF ORGANIZATION (check the appropriate box):					
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> LLC	<input type="checkbox"/> LLP	<input type="checkbox"/> C Corp	<input type="checkbox"/> S Corp
MAILING ADDRESS OF BUSINESS ENTITY BEING REGISTERED AS A BRANCH OF THE CERTIFICATE OF AUTHORITY:					
PHYSICAL ADDRESS (if different from mailing address):					
BUSINESS ENTITY'S E-MAIL ADDRESS:	BUSINESS ENTITY'S TELEPHONE NUMBER:				
FUNERAL ESTABLISHMENT LICENSE NUMBER (if applicable):	FEDERAL EMPLOYER IDENTIFICATION NUMBER:				

1. IS THIS APPLICATION PART OF A TRANSFER?		IF YES , ATTACH A COPY OF THE TRANSFER APPLICATION TO THIS APPLICATION.
Yes	No	

1A. IF YES , WAS THE BUSINESS ENTITY OPERATING AS A BRANCH REGISTRANT?		IF YES , WHAT IS THE BRANCH REGISTRANT NUMBER IT WAS OPERATING UNDER?
Yes	No Not Applicable	

2. IS THE BUSINESS ENTITY OPERATING AT MORE THAN ONE LOCATION UNDER A COMMON BUSINESS ENTERPRISE WITH THE SAME NAME ?		IF YES , ON A SEPARATE PAGE LIST THE ADDRESS OF EACH LOCATION AND THE TYPE OF BUSINESS (FUNERAL ESTABLISHMENT, CEMETERY AUTHORITY, COMBINATION FUNERAL AND CEMETERY, OR THIRD-PARTY SELLER) AT EACH LOCATION.
Yes	No	

3. WILL THE BUSINESS ENTITY HAVE ANY ADDITIONAL LOCATIONS WHICH WILL BE CONDUCTING PRENEED BUSINESS UNDER THE CERTIFICATE OF AUTHORITY?		IF YES , ATTACH A BRANCH REGISTRANT APPLICATION FOR EACH LOCATION WHICH WILL BE CONDUCTING PRENEED BUSINESS UNDER THE CERTIFICATE OF AUTHORITY.
Yes	No	

4. WHAT TYPE OF FUNDING WILL BE USED TO FUND PRENEED CONTRACTS? (Check all that apply):		ON A SEPARATE PAGE, LIST THE TRUSTEE(S), LIFE INSURANCE COMPANY(S), LETTER OF CREDIT BANK(S), OR SURETY BOND COMPANY(S) TO BE USED BY THE BUSINESS ENTITY TO FUND PRENEED CONTRACTS.	
Trust	Life Insurance		Letter of Credit
ATTACH ANY AND ALL MERCHANDISE AND SERVICES TRUST AGREEMENTS, ALONG WITH ANY AND ALL MERCHANDISE AND SERVICES TRUST PARTICIPATION AGREEMENTS TO THIS APPLICATION.			

5. WHAT TYPE OF PRENEED CONTRACTS WILL BE WRITTEN?		ATTACH A COPY OF THE PRENEED CONTRACT(S) THAT THE BUSINESS ENTITY WILL USE FOR EACH FUNDING VEHICLE.
Funeral	Cemetery	
ATTACH A COPY OF THE PRENEED SALES LOG TO BE USED BY BUSINESS ENTITY FOR WHICH THE CERTIFICATE OF AUTHORITY IS BEING APPLIED. LOG MUST BE APPROVED BY THE BOARD PRIOR TO USE.		

6. DOES THE CERTIFICATE OF AUTHORITY UNDER WHICH THIS BRANCH IS BEING REGISTERED EMPLOY AT LEAST ONE (1) PRENEED SALES AGENT?		IF NO , ATTACH A PRENEED SALES AGENT REGISTRATION FOR EACH PERSON TO BE REGISTERED TO WRITE PRENEED CONTRACTS UNDER THE CERTIFICATE OF AUTHORITY LICENSE FOR THIS BUSINESS ENTITY.
Yes	No	

6A. IF YES , ANSWER THE FOLLOWING QUESTIONS REGARDING THE PRENEED SALES AGENT EMPLOYED WITH THE CERTIFICATE OF AUTHORITY.	
NAME OF PRENEED SALES AGENT:	
PRENEED SALES AGENT LICENSE NUMBER:	

ALABAMA CODE SECTION 34-13-191 REQUIRES THE BUSINESS ENTITY FOR WHICH THE CERTIFICATE OF AUTHORITY IS BEING APPLIED TO PROVIDE THE BOARD WITH A FULL AND TRUE STATEMENT OF ITS FINANCIAL CONDITION WHICH DEMONSTRATES, AMONG OTHER THINGS, THAT THE BUSINESS ENTITY "HAS THE ABILITY TO DISCHARGE ITS PRENEED LIABILITIES AS THEY BECOME DUE IN THE NORMAL COURSE OF BUSINESS". EACH BUSINESS ENTITY MUST PROVIDE, AT A MINIMUM, FINANCIAL STATEMENTS WITH FULL DISCLOSURES. THE FINANCIAL STATEMENT MUST BE AS OF THE LAST FISCAL YEAR ENDING PRIOR TO THE DATE OF THIS APPLICATION. ADMINISTRATIVE RULE 395-X-9-.08 REQUIRES THAT THE FINANCIAL STATEMENT MAY BE PREPARED USING EITHER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES OR BE PREPARED USING THE STATUTORY BASIS OF ACCOUNTING AS PRESCRIBED BY THAT RULE. FINANCIAL STATEMENTS PREPARED ON ANY OTHER BASIS WILL NOT BE ACCEPTED.

LIST OF PRINCIPALS
GENERAL INSTRUCTIONS

- List each applicant, owner, partner, member, shareholder, and/or other principal controlling a 10% or greater interest in the entity, any other individual or officer as may be needed to legally bind the entity for which the Branch Registration is being applied
- This page can be copied as many times as necessary. Please indicate at the bottom of each page the page number and total number of pages

PRINTED NAME:
TITLE:
Owner Partner Member (LLC) Director Officer Shareholder Other: _____
% OF OWNERSHIP:

PRINTED NAME:
TITLE:
Owner Partner Member (LLC) Director Officer Shareholder Other: _____
% OF OWNERSHIP:

PRINTED NAME:
TITLE:
Owner Partner Member (LLC) Director Officer Shareholder Other: _____
% OF OWNERSHIP:

PRINTED NAME:
TITLE:
Owner Partner Member (LLC) Director Officer Shareholder Other: _____
% OF OWNERSHIP:

PRINTED NAME:
TITLE:
Owner Partner Member (LLC) Director Officer Shareholder Other: _____
% OF OWNERSHIP:

7. HAVE OR ARE ANY OF THE APPLICANTS, OWNERS, PARTNERS, MEMBERS, SHAREHOLDERS, AND/OR OTHER PRINCIPALS CONTROLLING A 10% OR GREATER INTEREST IN THE ENTITY, AND/OR ANY OTHER INDIVIDUALS OR OFFICERS AS MAY BE NEEDED TO LEGALLY BIND THE ENTITY FOR WHICH THE BRANCH REGISTRATION IS BEING APPLIED BEEN SUBJECT OF:

a. A PENDING CRIMINAL PROSECUTION OR GOVERNMENTAL ENFORCEMENT ACTION IN ANY JURISDICTION?

Yes No

b. CONVICTION OR GUILTY FINDING, REGARDLESS OF ADJUCATION, OF ANY CRIME INVOLVING FRAUD, DISHONEST DEALING, OR ANY OTHER ACT OF MORAL TURPITUDE?

Yes No

c. THE DENIAL, REVOCATION, SUSPENSION, OR OTHER ACTION AGAINST A LICENSE, OR THE EQUIVALENT, TO PRACTICE ANY PROFESSION OR OCCUPATION?

Yes No

IF ANY ANSWERS ARE YES, ON A SEPARATE PAGE, EXPLAIN AND INCLUDE OFFICIAL DOCUMENTATION OF THE FINAL DISPOSITION OF THE CASE(S).

8. HAVE ANY OF THE APPLICANTS, OWNERS, PARTNERS, MEMBERS, SHAREHOLDERS, AND/OR OTHER PRINCIPALS CONTROLLING A 10% OR GREATER INTEREST IN THE ENTITY, AND/OR ANY OTHER INDIVIDUALS OR OFFICERS AS MAY BE NEEDED TO LEGALLY BIND THE ENTITY FOR WHICH THE BRANCH REGISTRATION IS BEING APPLIED BEEN SUBJECT OF ANY BANKRUPTCY PROCEEDING OR HAD A JUDGEMENT FILED AGAINST THEM, EITHER PRESENT, PAST, OR PENDING?

Yes No

IF YES, ATTACH A STATEMENT OF THE FACTS (INCLUDING DATE(S)), TOGETHER WITH THE CASE STYLE, NUMBER, NAME, AND LOCATION OF THE COURT(S) IN WHICH THE PROCEEDING(S) WAS HELD OR ARE PENDING.

8a. **IF YES**, DID THE BANKRUPTCY PROCEEDING OR JUDGEMENT INVOLVE AN INSURANCE COMPANY OR POLICYHOLDER/CONSUMER RELATED TO THE BUSINESS OF INSURANCE OR PRENEED?

Yes No Not Applicable

IF YES, PROVIDE THE COMPANY NAMES AND SPECIFIC DETAILS.

9. HAS THE BUSINESS ENTITY FOR WHICH THE BRANCH REGISTRATION BEING APPLIED EVER HELD A CERTIFICATE OF AUTHORITY LICENSE?

Yes No

IF YES, ON A SEPARATE PAGE, EXPLAIN.

10. HAVE ANY OF THE APPLICANTS, OWNERS, PARTNERS, MEMBERS, SHAREHOLDERS, AND/OR OTHER PRINCIPALS CONTROLLING A 10% OR GREATER INTEREST IN THE ENTITY, AND/OR ANY OTHER INDIVIDUALS OR OFFICERS AS MAY BE NEEDED TO LEGALLY BIND THE ENTITY FOR WHICH THE BRANCH REGISTRATION IS BEING APPLIED EVER WRITTEN ANY PRENEED CONTRACTS SUBJECT TO TITLE 34-13 OF THE CODE OF ALABAMA 1975 SINCE MAY 01, 2002?

Yes No

IF YES, ON A SEPARATE PAGE, EXPLAIN.

This page can be copied as many times as necessary. Please indicate at the bottom of each page the page number and total number of pages

IF THE BUSINESS ENTITY FOR WHICH THE BRANCH REGISTRATION IS BEING APPLIED IS ISSUED A BRANCH REGISTRATION, EACH OF THE APPLICANTS, OWNERS, PARTNERS, MEMBERS, SHAREHOLDERS, AND/OR OTHER PRINCIPALS CONTROLLING A 10% OR GREATER INTEREST IN THE ENTITY, AND/OR ANY OTHER INDIVIDUALS OR OFFICERS AS MAY BE NEEDED TO LEGALLY BIND THE ENTITY FOR WHICH THE BRANCH REGISTRATION IS BEING APPLIED MUST AGREE TO COMPLY WITH THE REQUIREMENTS OF TITLE 34, CHAPTER 13, OF THE CODE OF ALABAMA 1975, AND ANY RULES, REGULATIONS, AND BULLETINS PROMULGATED BY THE BOARD DEALING WITH CHAPTER 13 BY SIGNING BELOW.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE:

I, AS THE APPLICANT, OWNER, PARTNER, MEMBER, SHAREHOLDER, AND/OR OTHER PRINCIPAL CONTROLLING A 10% OR GREATER INTEREST IN THE ENTITY, AND/OR OTHER INDIVIDUAL OR OFFICER AS MAY BE NEEDED TO LEGALLY BIND THE ENTITY FOR WHICH THE BRANCH REGISTRATION IS BEING APPLIED, CERTIFY THAT THE INFORMATION SUBMITTED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO THE BOARD OR ITS REPRESENTATIVE(S), WHO WILLFULLY FAILS TO TIMELY MAKE DEPOSITS TO TRUSTS, OR WHO KNOWINGLY WITHDRAWS UNAUTHORIZED FUNDS OR ASSETS FROM A TRUST MAY BE GUILTY OF A FELONY UNDER ALABAMA LAW AND SUBJECT TO RESTITUTION, FINES, LOSS OF ANY OR ALL CERTIFICATES OF AUTHORITY OR OTHER APPLICABLE LICENSES, PRISON, OR ANY COMBINATION THEREOF.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE:

Page _____ of _____

This page can be copied as many times as necessary. Please indicate at the bottom of each page the page number and total number of pages

BY AFFIXING MY SIGNATURE TO THIS FORM, I HEREBY AGREE THAT THE ALABAMA BOARD OF FUNERAL SERVICES MAY MAKE FULL INQUIRIES OF EACH OF THE NAMED PERSONS IN THIS APPLICATION AND ALL FORMER EMPLOYERS AND ALL OTHER PERSONS CONCERNING MY BUSINESS, PROFESSIONAL, OR MORAL CHARACTER AND REPUTATION, INCLUDING THE PROCUREMENT OF LETTERS, STATEMENTS OR AFFIDAVITS CONCERNING THE SAME THAT MAY BE DEEMED PERTINENT TO A DETERMINATION OF MY QUALIFICATIONS FOR APPLICATION TO OBTAIN A BRANCH REGISTRATION UNDER A CERTIFICATE OF AUTHORITY LICENSE TO SELL PRENEED FUNERAL AND/OR CEMETERY MERCHANDISE AND SERVICES FOR THAT THE BUSINESS ENTITY I AM APPLYING , AND DO SPECIFICALLY WAIVE ALL CLAIMS, DAMAGES, RIGHTS OF ACTION OR CAUSES OF ACTION THAT MIGHT OTHERWISE ACCRUE TO ME AGAINST ANY OF SAID PERSONS, RELUSTING OR ARISING FROM, OR BY REASON OF, ANY AND ALL STATEMENTS OF FACT OR OPINION GIVEN IN GOOD FAITH CONCERNING ME EXPRESSED BY ANY OF THEM IN REPLY TO ANY INQUIRY MADE BY, OR UNDER THE DIRECTION OF, THE ALABAMA BOARD OF FUNERAL SERVICES, WHETHER THE SAME BE RESPONSIVE TO, OR NECESSARILY REQUIRED BY, SUCH INQUIRY OR NOT, AND THAT ALL SUCH STATEMENTS SHALL BE DEEMED PRIVILEGED AND NOT ACTIONABLE BY ME UNLESS SUCH STATEMENTS ARE, IN FACT, WILLFULLY MADE AND FALSELY GIVEN WITH MALICE TOWARD ME. I UNDERSTAND THAT THIS INQUIRY MAY INCLUDE A CRIMINAL BACKGROUND CHECK THROUGH THE ALABAMA DEPARTMENT OF PUBLIC SAFETY OR ANY OTHER APPROPRIATE STATE AGENCY AND THE NATIONAL CRIMINAL INFORMATION CENTER (NCIC).

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE:

THIS APPLICATION MUST BE ACCOMPANIED BY THE PAYMENT OF A \$198.00 NON-REFUNDABLE APPLICATION FEE.

ATTENTION: IF ADDITIONAL INFORMATION IS REQUIRED BY THE BOARD, THE REQUESTED INFORMATION MUST BE PROVIDED WITHIN TWENTY (20) BUSINESS DAYS FROM THE DATE OF REQUEST. FAILURE TO RESPOND TIMELY WILL RESULT IN A DENIAL OF YOUR APPLICATION.

Page _____ of _____

APPLICATION TO REVIEW ALABAMA CRIMINAL HISTORY RECORD INFORMATION



PERSONAL INFORMATION

Full Name (First, Middle, Last, Suffix): _____ Sex/Gender: Male Female

Aliases/Nickname: _____

Applicant Current Address: _____

City: _____ State: _____ Zip Code: _____ SSN: _____

Date of Birth: _____ (MM/DD/YYYY) Driver's License Number: _____ Issuing State: _____

Race: White Black Asian Indian Other (please specify) _____

Home Phone: (____) _____ Mobile Phone: (____) _____ Work Phone: (____) _____

WORK INFORMATION

Employer Name: _____ Employer Phone: (____) _____

Contractor Name: _____ Contractor Phone: (____) _____

State Agency: _____ Agency Phone: (____) _____

Work Email Address: _____

Job Role/Classification: _____ Supervisor Name: _____

Included with my Release are the following items:

- Completed Application signed by applicant and **two witnesses** OR notarized.
- The required copy of my valid photo identification.
- A classifiable copy of my own fingerprints taken by an authorized law enforcement agency as required.
- If applying for state employment/licensure/certification, reference that agency's fee requirements for a background check.**
- PERSONAL REQUESTS ONLY:** The required \$25.00 administrative fee (must be in the form of a money order or Cashier's check made payable to the ALEA, Criminal Records and Identification Unit).

AFFIDAVIT FOR RELEASE INFORMATION

I hereby authorize the Alabama Law Enforcement Agency to release any and all criminal history information to:

ALABAMA BOARD OF FUNERAL SERVICE, 4276 LOMAC STREET, MONTGOMERY, AL 36106

Name & Address of Requesting Agency or Authorized Agent*

I, the above referenced individual, hereby request to release any and all criminal history record information (CHRI) maintained by both the Alabama Law Enforcement Agency, the Federal Bureau of Investigation, and any information relating to my past record and character whether it be financial, academic, military, employment, judicial, or personal reference. I hereby release all parties contributing such information from any charges or liability whatsoever because of furnishing said information. By signing below and submitting this application, I hereby verify that the information listed in my application and in the attached documentation is correct. I also acknowledge that I understand that, in accordance with Section 41-9-601 of the Code of Alabama 1975, that any person who willfully requests, obtains or seeks to obtain criminal offender record information under false pretenses, or who willfully communicates or seeks to communicate criminal offender record information to any agency or person without authorization, may be guilty of a felony, and shall be fined not less than \$5,000 nor more than \$10,000 or imprisoned in the state penitentiary for not more than five years or both. § 41-9-601, Code of Ala. (1975). Furthermore, as set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34 I have the right to challenge or appeal any portion of my state and/or federal CHRI that I believe to be inaccurate (see "Appendix A" for contact information).

Applicant Signature _____ Date _____

Name of Witness _____ Name of Witness _____

Address of Witness _____ Address of Witness _____

City, State and Zip _____ City, State and Zip _____

Sworn to and subscribed before me this ____ day of _____, 20__.

Notary Signature _____ My Commission Expires _____, 20__.

FOR ALEA OFFICIAL USE ONLY: TCN: _____ SID: AL _____		Billed: _____ Paid: _____ No Charge: _____
Received By (Initials): _____/Date: ____/____/____	Processed By (initials): _____/Date: ____/____/____	Check#: _____
Walk-in/Hand Delivered _____ Mailed _____	Status: _____ Initials: _____ Date: ____/____/____	Background Check Qty: _____ Total: \$ _____
		Certified Letter Qty: _____ Total: \$ _____

NOTICE OF PRIVACY DISCLOSURE STATEMENT**DISCLOSURE STATEMENT:**

The following disclosure statement is to inform you of your rights as an applicant who is the subject of a criminal history record check for noncriminal justice purposes (licensure, certification, renewal, immigration, naturalization, security clearance, or adoption, etc.) pursuant to the Privacy Act of 1974, Title 5, U.S.C., Section 552a, and Title 28, CFR, Section 50.12.

_____, hereby authorize the **ALABAMA BOARD OF FUNERAL SERVICE**

 Print Name Authorized Recipient

to request and be the recipient of my criminal history information, to determine my suitability for licensure.

The fingerprints will be utilized to conduct a national and state criminal background check. The Authorized Recipient (AR) will obtain any and all criminal history information from the FBI and/or Alabama Law Enforcement Agency (ALEA).

If you have an incomplete and/or inaccurate criminal history record, employment will not be denied until the applicant has been afforded a "reasonable time" to correct or complete the record or has declined to do so.

The AR will use the criminal history record solely for the purpose requested and cannot disseminate the record outside the receiving department, related agency, or other authorized entity.

If agency policy permits, the AR may provide a copy of your federal/state criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, as set forth in Title 28 CFR, Section 16.34, applicant may challenge or appeal any portion of his/her own criminal history record information (CHRI) that he/she believes to be incomplete or inaccurate by contacting the Criminal Records & Identification Unit within ALEA at 334-517-2450.

PRIVACY ACT STATEMENT:

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal regulations, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Additional Information: The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

Our Notice of Privacy Disclosure Statement provides information about how we may use and disclose federal/state criminal history record information about you. By signing this receipt, you acknowledge that you have reviewed, or have been given the opportunity to review, our Notice of Privacy Disclosure Statement.

 Signature

 Date

PHYSICAL ADDRESS:
 4276 Lomac Street
 Montgomery, Alabama 36106

WEBSITE:
 www.fsb.alabama.gov

E-MAIL ADDRESS:
 info@fsb.alabama.gov



MAILING ADDRESS:
 Post Office Box 309522
 Montgomery, Alabama 36130

OFFICE TELEPHONE NUMBER:
 334-242-4049

FAX NUMBER:
 334-353-7988

ALABAMA BOARD OF FUNERAL SERVICES

Check the document that is being submitted for each applicant, owner, partner, member, shareholder, and/or other principal controlling a 10% or greater interest in the entity, any other individual or officer as may be needed to legally bind the entity for which the Certificate of Authority license is being applied to prove United States citizenship or lawful presence in the United States.

This page can be copied as many times as necessary. Please indicate at the bottom of each page the page number and the total number of pages.

I am a United States Citizen. I am submitting the attached copy of my document to prove citizenship/legal presence:	
	Alabama Driver's License of Identification issued by the Alabama Department of Public Safety
	Driver's License from other state that required proof of lawful presence
	Birth Certificate indicating United States birth
	Valid United States Passport
	a valid Uniformed Services Privileges and Identification Card
	Naturalization documents
	Certificate of Citizenship
	Bureau of Indian Affairs Identification

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:	
	I-551 Permanent Resident Card (copy front and back)
	I-766 Employment Authorization Card (copy front and back)
	Other (Explain):

IMMIGRATION

Act Number 2011-535 as amended by Act Number 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.

BY SIGNING BELOW, I CERTIFY UNDER PENALTY OF PERJURY THAT ALL REPRESENTATIONS MADE ON THIS FORM AND ATTACHMENTS ARE TRUE AND ACCURATE.

NAME:
SIGNATURE: