

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 TO REGISTER ENDOWMENT CARE CEMETERY

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

NAME OF ENDOWMENT CARE CEMETERY:	
D/B/A NAME (if applicable):	
TYPE OF ORGANIZATION (check the appropriate box):	
Sole Proprietorship          Partnership          LLC          LLP          C Corp          S Corp	
MAILING ADDRESS:	
PHYSICAL ADDRESS (if different from mailing address):	
COUNTY IN WHICH CEMETERY IS SITUATED:	CONGRESSIONAL DISTRICT IN WHICH CEMETERY IS SITUATED:
CEMETERY CONTACT'S E-MAIL ADDRESS:	CEMETERY CONTACT'S TELEPHONE NUMBER:
FEDERAL EMPLOYER IDENTIFICATION NUMBER:	CEMETERY FISCAL YEAR END DATE:

NAME OF TRUST WITH WHICH THE ENDOWMENT CARE FUND WILL BE HELD:	
TRUSTEE CONTACT NAME:	
ADDRESS OF TRUSTEE:	
TRUSTEE'S E-MAIL ADDRESS:	TRUSTEE'S TELEPHONE NUMBER:

ATTACH A COPY OF THE TRUST AGREEMENT THAT WILL BE EXECUTED UPON THE APPROVAL OF THIS APPLICATION. IF NO TRUST HAS BEEN ESTABLISHED, ON A SEPARATE PAGE, EXPLAIN WHERE THE FUNDS BELONGING TO THE CEMETERY ARE CURRENTLY BEING HELD.

ATTACH A COPY OF THE PLAT MAP OF THE ENDOWMENT CARE CEMETERY.

ATTACH A COPY OF THE CEMETERY RULES AND REGULATIONS.

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 Certificate of Authority license 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:

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

I, AS A REPRESENTATIVE AUTHORIZED TO SIGN ON BEHALF OF THE ENDOWMENT CARE CEMETERY, HEREBY CERTIFY THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THAT SAID INFORMATION IS SUBMITTED VOLUNTARILY BY ME TO THE ALABAMA BOARD OF FUNERAL SERVICES AS ESSENTIAL DATA IN CONNECTION WITH THE APPLICATION DESCRIBED ABOVE, AND ACKNOWLEDGE THAT ANY MISSTATEMENT MAY CAUSE THE ALABAMA BOARD OF FUNERAL SERVICES TO INITIATE PROCEEDINGS AGAINST THE CEMETERY.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE:

**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.**