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**Alabama Board of Funeral Services  
 EMBALMER AFFIDAVIT (TWO REQUIRED)**

IN SUPPORT OF APPLICATION FOR INITIAL LICENSING AS EMBALMER

*" Two affidavits must be submitted signed by two different licensed embalmers. "*

PLEASE PRINT

FIRST NAME	MIDDLE NAME	LAST NAME		
MAILING ADDRESS		CITY	STATE	ZIP
PHYSICAL ADDRESS		CITY	STATE	ZIP
EMAIL ADDRESS*		DATE OF BIRTH		CONTACT NUMBER
FUNERAL ESTABLISHMENT EMPLOYED BY				CONTACT NUMBER
BUSINESS ADDRESS		CITY	STATE	ZIP

THE FOLLOWING AFFIDAVIT IS SUBMITTED IN SUPPORT OF MY ORIGINAL LICENSE APPLICATION AS EMBALMER IN ACCORDANCE WITH 34-13-91 CODE OF ALABAMA

**TO BE EXECUTED BY LICENSED EMBALMER**

I DEPOSE AND SAY THE I HAVE KNOWN \_\_\_\_\_ FOR \_\_\_\_\_ YEARS AND HAVE PERSONAL KNOWLEDGE OF THIS PERSON'S GOOD CHARACTER AND REPUTATION. THIS APPLICANT HAS TO MY KNOWLEDGE AND OBSERVATION SATISFACTORILY PERFORMED THE DUTIES OF AN APPRENTICE EMBALMER AT THE ESTABLISHMENTS LISTED BELOW FOR THE PERIODS SHOWN.

ESTABLISHMENT NAME	CITY	BEGINNING DATE	END DATE
ESTABLISHMENT NAME	CITY	BEGINNING DATE	END DATE
ESTABLISHMENT NAME	CITY	BEGINNING DATE	END DATE

I HAVE BEEN AND 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 DENIAL OR REVOCATION

PRINTED NAME OF LICENSED EMBALMER		AL. LICENSE NUMBER
ADDRESS		CONTACT NUMBER

<b>SIGNATURE OF LICENSED EMBALMER</b>	<b>DATE SIGNED</b>
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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