

PHYSICAL ADDRESS:
 4276 LOMAC STREET
 MONTGOMERY, ALABAMA 36106
 WEBSITE: www.fsb.alabama.gov



MAILING ADDRESS
 P.O. Box 309522
 MONTGOMERY, AL 36130
 PHONE: 334.242.4049
 FAX: 334.353.7988

Alabama Board of Funeral Services
APPLICATION FOR APPRENTICESHIP LEAVE OF ABSENCE
The most current form available on the Board's website must be completed

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
APPRENTICESHIP BEING SERVED AT (ESTABLISHMENT NAME)					
NAME OF LICENSED SUPERVISOR (FUNERAL DIRECTOR)				LICENSE NUMBER	
NAME OF LICENSED SUPERVISOR (EMBALMER)				LICENSE NUMBER	
LEAVE OF ABSENCE START DATE				ANTICIPATED LEAVE OF ABSENCE END DATE	
REASON FOR LEAVE OF ABSENCE (INCLUDE ADDITIONAL PAGES IF NECESSARY) SUPPLY MATERIALS IN SUPPORT OF YOUR REQUEST (DOCTORS CERTIFICATION, MILITARY ORDERS, ETC.)					
<p>I HEREBY APPLY FOR A LEAVE OF ABSENCE AS AN APPRENTICE FUNERAL DIRECTOR AND/OR APPRENTICE EMBALMER. I HAVE SUBMITTED THE CORRESPONDING MATERIAL SUPPORTING THE LEAVE OF ABSENCE REQUEST. I ATTEST THAT THE INFORMATION AND DATA SUPPLIED ON THIS APPLICATION IS TRUE AND ANY FALSE STATEMENT WILL CAUSE THE REQUEST TO BE DENIED. I HAVE READ AND UNDERSTAND THE PROVISIONS OF TITLE 34, CHAPTER 13, CODE OF ALABAMA, 1975, AND ADMINISTRATIVE CODE 395, WHICH GOVERN THE ISSUANCE AND MAINTENANCE OF THE CERTIFICATION I CURRENTLY HOLD. I UNDERSTAND THAT ANY FALSE STATEMENT GIVEN HEREIN OR ON THE ORIGINAL APPLICATION WILL SUBJECT MY CERTIFICATION TO DENIAL OR REVOCATION. THE RESPONSES AND ATTACHED MATERIALS I HAVE PROVIDED ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I FURTHER CERTIFY THAT I AM OF GOOD MORAL CHARACTER, HAVE REVIEWED, AND WILL AT ALL TIME COMPLY WITH ALL APPLICABLE STATE LAWS, RULES AND REGULATIONS GOVERNING THE CERTIFICATION I AM SEEKING TO OBTAIN.</p>					
SELECT CERTIFICATION FOR LEAVE OF ABSENCE (✓)					
APPRENTICE FUNERAL DIRECTOR			APPRENTICE EMBALMER		
SIGNATURE OF APPRENTICE				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

I AGREE TO THE REQUEST STATED ABOVE AND AGREE TO CONTINUE SUPERVISION AT THE CONCLUSION OF THE APPROVED LEAVE OF ABSENCE.

SIGNATURE OF SUPERVISING FUNERAL DIRECTOR		DATE SIGNED	
PRINTED NAME OF SUPERVISION FUNERAL DIRECTOR			
ALABAMA FUNERAL DIRECTORS LICENSE NUMBER		CONTACT NUMBER	

SIGNATURE OF SUPERVISING EMBALMER		DATE SIGNED	
PRINTED NAME OF SUPERVISION EMBALMER			
ALABAMA EMBALMERS LICENSE NUMBER		CONTACT NUMBER	