

PHYSICAL ADDRESS:
4276 LOMAC STREET
MONTGOMERY, AL 36106
WEBSITE: www.fsb.alabama.gov
EMAIL: info@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
APPRENTICE CERTIFICATION RENEWAL
FOR THE RENEWAL PERIOD OF OCTOBER 1, 2025 THROUGH OCTOBER 1, 2026**
This form must accompany your renewal fee.

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
ARE YOU EMPLOYED BY A FUNERAL ESTABLISHMENT?				YES	NO
ESTABLISHMENT NAME				CONTACT NUMBER	
ESTABLISHMENT ADDRESS			CITY	STATE	ZIP
SUPERVISING FUNERAL DIRECTOR (CHANGES MUST BE SUBMITTED IN WRITING)				LICENSE NUMBER	CONTACT NUMBER
SUPERVISING EMBALMER (CHANGES MUST BE SUBMITTED IN WRITING)				LICENSE NUMBER	CONTACT NUMBER
HAVE YOU BEEN CONVICTED OR PLEAD GUILTY TO A FELONY OR MISDEMEANOR, OTHER THAN A TRAFFIC VIOLATION SINCE YOUR LAST RENEWAL? IF YES, CERTIFIED COURT RECORDS ARE REQUIRED TO BE SUBMITTED TO THE BOARD				YES	NO
I HAVE COMPLETED AND HAVE ATTACHED MY CASE REPORT(S) WITH SKILLS EVALUATION FORM(S) FOR THE PERIOD OF OCTOBER 1, 2024 THROUGH SEPTEMBER 30, 2025				YES	NO
I HAVE ATTACHED MY ANNUAL REPORT FORM(S) COMPLETED AND SIGNED BY MY SUPERVISOR(S) OF RECORD FOR THE PERIOD OF OCTOBER 1, 2024 THROUGH SEPTEMBER 30, 2025				YES	NO
ALL RENEWAL APPLICATIONS MUST BE RETURNED WITH FEES ON OR BEFORE SEPTEMBER 1, 2025. A LATE FEE OF \$100.00 WILL BE DUE FOR EACH CERTIFICATE RENEWED BETWEEN SEPTEMBER 2, 2025 AND OCTOBER 1, 2025. AFTER OCTOBER 1, 2025 THE CERTIFICATE IS EXPIRED AND MAY BE REINSTATED BY COMPLYING WITH THE PROVISIONS RELATING TO REACTIVATION, IN ADDITION TO PAYMENT OF ALL BACK FEES AND PENALTIES. I UNDERSTAND THAT ANY FALSE STATEMENT GIVEN HEREIN OR ON THE ORIGINAL APPLICATION WILL SUBJECT MY CERTIFICATE TO DENIAL OR REVOCATION.					
SIGNATURE				DATE SIGNED	
SELECT CERTIFICATE FOR RENEWAL (✓)					
APPRENTICE FUNERAL DIRECTOR (\$50.00)			APPRENTICE EMBALMER (\$50.00)		
OFFICE USE ONLY					
RECEIVED	POSTED	CA,CK,CC,CCK,MO	POSTED BY	CONTROL NUMBER	
				AFD:	
				AEM:	
				CASES	MONTHS
				AFD	
				AEM	

Renewals submitted without supervisor agreement, case reports, skills evaluations, and/or annual reports WILL NOT BE accepted or processed



APPRENTICE ANNUAL REPORT, CASE REPORT, AND SKILLS EVALUATION

APPRENTICES MUST USE THIS FORM TO REPORT APPRENTICE ACTIVITIES COMPLETED FOR EACH RENEWAL PERIOD. REPORTS MUST BE SUBMITTED ANNUALLY FOR NOT LESS THAN THE REQUIRED TERM OF APPRENTICESHIP. APPRENTICES MUST SUBMIT THIS REPORT PRIOR TO CHANGING SUPERVISORS.

NAME		EMAIL		
CONTACT NUMBER	PHYSICAL ADDRESS	CITY	STATE	ZIP
ESTABLISHMENT NAME		CONTACT NUMBER		
NAME OF LICENSED SUPERVISOR (FUNERAL DIRECTOR)		NAME OF LICENSED SUPERVISOR (EMBALMER)		
REPORTING PERIOD: START DATE AND END DATE _____, 20____ TO _____, 20____				

I, THE APPRENTICE NAMED HEREIN, HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS REPORT IS TRUE AND ACCURATE. I FURTHER ATTEST TO THE FACT THAT I HAVE COMPLIED WITH ALL APPLICABLE LAWS AND REGULATION GOVERNING THE PRACTICE OF FUNERAL SERVICES. I UNDERSTAND THAT ANY FALSE STATEMENTS, MATERIAL OMISSIONS, AND/OR MISLEADING INFORMATION PROVIDED HEREIN SHALL CONSTITUTE GROUNDS FOR THE ADVERSE ACTION AGAINST MY APPRENTICESHIP CERTIFICATION AND/OR ANY SUBSEQUENT LICENSE ISSUED BY THE ALABAMA BOARD OF FUNERAL SERVICES REGARDLESS OF WHEN SUCH FALSE STATEMENTS, MATERIAL OMISSIONS, AND/OR MISLEADING INFORMATION ARE DISCOVERED.

SIGNATURE OF APPRENTICE

DATE

PURSUANT TO SECTION 34-13-132, CODE OF ALABAMA, 1975, I REPORT AS FOLLOWS

1. I HAVE DEVOTED NOT LESS THAN THIRTY (30) HOURS PER WEEK TO THE DUTIES OF MY APPRENTICESHIP
2. I HAVE NOT BEEN ABSENT FROM DUTY, OTHER THAN IS PROVIDED BY THE ACT, AND HAVE SECURED THE REQUIRED APPROVALS FOR ANY EXTENSIONS TO MY TRAINING PERIOD.
3. I HAVE BEEN AND ARE NOW IN COMPLIANCE WITH THE CODE OF CONDUCT PRESCRIBED BY SECTION 34-13-134.
4. DURING THE PERIOD COVERED BY THIS REPORT I HAVE FAMILIARIZED MYSELF WITH THE ALABAMA BOARD OF FUNERAL SERVICE STATUTES AND ADMINISTRATIVE CODE GOVERNING THE PRACTICE OF EMBALMING.
5. DURING THE PERIOD COVERED BY THIS REPORT I HAVE FAMILIARIZED MYSELF WITH THE ALABAMA BOARD OF FUNERAL SERVICE STATUTES AND ADMINISTRATIVE CODE GOVERNING THE PRACTICE OF FUNERAL DIRECTING.
6. DURING THE PERIOD COVERED BY THIS REPORT, I HAVE ASSISTED IN _____ EMBALMINGS.
7. DURING THE PERIOD COVERED BY THIS REPORT, I HAVE ASSISTED WITH _____ FUNERALS.
8. DURING THE PERIOD COVERED BY THIS REPORT, I HAVE PARTICIPATED IN THE PRACTICE OF EMBALMING IN ACCORDANCE WITH THE PRESCRIBED TRAINING PROGRAM (APPLICATION OF SECTION 34-13-94 AT BEGINNER LEVELS)
9. DURING THE PERIOD COVERED BY THIS REPORT, I HAVE PARTICIPATED IN THE PRACTICE OF FUNERAL DIRECTING IN ACCORDANCE WITH THE PRESCRIBED TRAINING PROGRAM (APPLICATION OF SECTION 34-13-73 AT BEGINNER LEVELS)

***SEE A COMPLETE LIST OF ACTIVITIES ON THE BOARD'S WEBSITE THAT QUALIFY FOR EACH OF THE AREAS OF TRAINING LISTED**

AREA OF TRAINING DEMONSTRATED KNOWLEDGE IN (TO BE COMPLETED BY SUPERVISING FUNERAL DIRECTOR)

ETHICAL STANDARDS OF FUNERAL SERVICE PRACTICES		SATISFACTORY		UNSATISFACTORY
PROPER TELEPHONE AND EMAIL ETIQUETTE		SATISFACTORY		UNSATISFACTORY
PROPER TRANSFER OF REMAINS FROM PLACE OF DEATH TO FUNERAL HOME		SATISFACTORY		UNSATISFACTORY
PERFORMING AN ARRANGEMENT CONFERENCE		SATISFACTORY		UNSATISFACTORY
AND COMPLIANCE WITH THE FEDERAL TRADE COMMISSION FUNERAL RULE		SATISFACTORY		UNSATISFACTORY
CONDUCTING A VISITATION		SATISFACTORY		UNSATISFACTORY
CONDUCTING A FUNERAL/GRAVESIDE/MEMORIAL SERVICE		SATISFACTORY		UNSATISFACTORY
PROPER CREMATION PROCEDURES		SATISFACTORY		UNSATISFACTORY



APPRENTICE ANNUAL REPORT, CASE REPORT, AND SKILLS EVALUATION

I, THE SUPERVISING FUNERAL DIRECTOR NAMED HEREIN, HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS REPORT IS TRUE AND ACCURATE. I FURTHER ATTEST TO THE FACT THAT I HAVE COMPLIED WITH ALL APPLICABLE LAWS AND REGULATIONS GOVERNING THE PRACTICE OF FUNERAL SERVICES. I UNDERSTAND THAT ANY FALSE STATEMENTS, MATERIAL OMISSIONS, AND/OR MISLEADING INFORMATION PROVIDED HEREIN SHALL CONSTITUTE GROUNDS FOR THE ADVERSE ACTION AGAINST MY FUNERAL DIRECTOR'S LICENSE REGARDLESS OF WHEN SUCH FALSE STATEMENTS, MATERIAL OMISSIONS, AND/OR MISLEADING INFORMATION ARE DISCOVERED.

MY SIGNATURE HEREIN SERVES AS MY RECOMMENDATION THAT THE APPRENTICE'S FUNERAL DIRECTOR CERTIFICATION CONTINUE.

SIGNATURE OF SUPERVISING FUNERAL DIRECTOR

DATE

PRINTED NAME

LICENSE NUMBER

AREA OF TRAINING DEMONSTRATED KNOWLEDGE IN (TO BE COMPLETED BY LICENSED SUPERVISING EMBALMER)

ETHICAL STANDARDS OF FUNERAL SERVICE PRACTICES		SATISFACTORY		UNSATISFACTORY
PROPER TELEPHONE AND EMAIL ETIQUETTE		SATISFACTORY		UNSATISFACTORY
PROPER TRANSFER OF REMAINS FROM PLACE OF DEATH TO FUNERAL HOME		SATISFACTORY		UNSATISFACTORY
PROPER PRE-EMBALMING PROCEDURES		SATISFACTORY		UNSATISFACTORY
PROPER EMBALMING PROCEDURES		SATISFACTORY		UNSATISFACTORY
PROPER AUTOPSY CARE		SATISFACTORY		UNSATISFACTORY
PROPER POST EMBALMING CARE		SATISFACTORY		UNSATISFACTORY
PROPER CREMATION PROCEDURES		SATISFACTORY		UNSATISFACTORY
PERFORMING COSMETICS AND CASKETING REMAINS		SATISFACTORY		UNSATISFACTORY

I, THE SUPERVISING EMBALMER NAMED HEREIN, HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS REPORT IS TRUE AND ACCURATE. I FURTHER ATTEST TO THE FACT THAT I HAVE COMPLIED WITH ALL APPLICABLE LAWS AND REGULATIONS GOVERNING THE PRACTICE OF FUNERAL SERVICES. I UNDERSTAND THAT ANY FALSE STATEMENTS, MATERIAL OMISSIONS, AND/OR MISLEADING INFORMATION PROVIDED HEREIN SHALL CONSTITUTE GROUNDS FOR THE ADVERSE ACTION AGAINST MY EMBALMER'S LICENSE REGARDLESS OF WHEN SUCH FALSE STATEMENTS, MATERIAL OMISSIONS, AND/OR MISLEADING INFORMATION ARE DISCOVERED.

MY SIGNATURE HEREIN SERVES AS MY RECOMMENDATION THAT THE APPRENTICE'S EMBALMER CERTIFICATION CONTINUE.

SIGNATURE OF SUPERVISING EMBALMER

DATE

PRINTED NAME

LICENSE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME, A NOTARY IN THE STATE OF ALABAMA THIS _____ DAY OF _____, 20____.

SEAL

NOTARY PUBLIC

MY COMMISSION EXPIRES



APPRENTICE ANNUAL REPORT, CASE REPORT, AND SKILLS EVALUATION

FUNERAL DIRECTOR

CASES APPRENTICE ASSISTED WITH *(Print additional pages as needed)* **

	Name of Deceased	Date	List Funeral Director activity performed	Signature of supervising Funeral Director providing training
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APPRENTICE ANNUAL REPORT, CASE REPORT, AND SKILLS EVALUATION

EMBALMER

CASES APPRENTICE ASSISTED WITH *(Print additional pages as needed)* **

	Name of Deceased	Date	List Embalming activity performed	Signature of supervising Embalmer providing training
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KAY IVEY
GOVERNOR

ALABAMA BOARD OF FUNERAL SERVICES

4276 LOMAC STREET | MONTGOMERY, ALABAMA 36106
P.O. BOX 309522 | MONTGOMERY, ALABAMA 36130
PHONE 334.242.4049 | WWW.FSB.ALABAMA.GOV
INFO@FSB.ALABAMA.GOV



CHARLES PERINE
DIRECTOR

Apprentice Supervision Agreement

TO BE EXECUTED BY LICENSED FUNERAL DIRECTOR

I AGREE TO SUPERVISE _____ AS AN APPRENTICE FUNERAL DIRECTOR. ENSURING THEY FOLLOW THE LAW AND RULES, AND ENSURING ALL ANNUAL REPORTS, SKILL EVALUATIONS, AND CASE REPORTS ARE SIGNED AND SUBMITTED. I UNDERSTAND THAT THE OBJECTIVE IS TO TRAIN AND PREPARE THIS APPRENTICE FOR LICENSURE. I HEREBY RECOMMEND THE APPROVAL OF THIS APPLICATION. I HAVE BEEN AND AM CURRENTLY LICENSED AS A FUNERAL DIRECTOR IN ALABAMA.

Funeral Director Signature

License Number

Date

Printed Name

TO BE EXECUTED BY LICENSED EMBALMER

I AGREE TO SUPERVISE _____ AS AN APPRENTICE EMBALMER. ENSURING THEY FOLLOW THE LAW AND RULES, AND ENSURING ALL ANNUAL REPORTS, SKILL EVALUATIONS, AND CASE REPORTS ARE SIGNED AND SUBMITTED. I UNDERSTAND THAT THE OBJECTIVE IS TO TRAIN AND PREPARE THIS APPRENTICE FOR LICENSURE. I HEREBY RECOMMEND THE APPROVAL OF THIS APPLICATION. I HAVE BEEN AND AM CURRENTLY LICENSED AS AN EMBALMER IN ALABAMA.

Embalmer Signature

License Number

Date

Printed Name

Subscribed and sworn to before me, a notary in the State of Alabama this _____ day of _____, 20____.

Notary Public

My Commission Expires