



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
EXECUTIVE DIRECTOR

October 1, 2025

To: Alabama Crematory Operators

From: Charles M. Perine

RE: Annual Cremation Reports

Crematory operators please find attached the annual report for cremations performed for the period **October 1, 2024** through **October 1, 2025**. The beginning metal disk number must be the next sequential number following the ending metal disk number from the 2024 -2025 cremation report. All metal disk numbers covered in this report period must be entered sequentially on the log. The log may be reproduced as needed. Additional information may be added to the log as long as it contains the information required by the Board. The annual report and cremation log are due in the Board's office by **November 1, 2025**. Logs may be submitted electronically to the email address above.

Enclosure

Sincerely,

A handwritten signature in blue ink that reads "Charles M. Perine".

Charles M. Perine
Executive Director



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EXECUTIVE DIRECTOR

ALABAMA BOARD OF FUNERAL SERVICE CREMATORY ANNUAL REPORT

Establishment Name: _____

Address: _____

City, State, Zip: _____

Funeral Establishment license number: _____

Period cover by this report: OCTOBER 1, 2024 to OCTOBER 1, 2025

Beginning metal disk number: _____

Ending metal disk number: _____

Total number of cremations performed during the period stated above: _____

Managing cremationist: _____

Managing cremationist license number: _____

How many cremation chambers are present at the crematory: _____

What type(s) of cremation chamber is present at the crematory: _____

What is the maximum operating temperature of each cremation chamber(s): _____

CERTIFICATION

I hereby submit a list of the individual cremations performed at this establishment for the period reported. This list includes the name of the deceased, the identification number assigned, date of cremation, the name of the cremationist who performed the cremation, the funeral establishment or entity for whom the cremation was performed, the type of cremation, and the disposition of the cremated remains. I certify that the information provided herein, and the information provided on the enclosed list is true and correct and is an accurate reflection of the activities of this crematory. I understand that the submission of any false or inaccurate information in this report could subject my personal and/or establishment license to suspension or revocation.

Signature of Owner or Manager

Sworn and Subscribed to me the _____ day of _____, 202____.

Notary Seal

Notary Signature