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4276 Lomac Street  
Montgomery, Alabama 36106

WEBSITE:  
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[preneed@fsb.alabama.gov](mailto:preneed@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 CHECKLIST

INDICATE COMPLETION OF ITEMS ON THE CHECKLIST BY MARKING THE BOX NEXT TO EACH ITEM

**IF THE APPLICANT CANNOT MARK ALL BOXES ACKNOWLEDGING ITEMS ON THE CHECKLIST,  
DO NOT SUBMIT THE APPLICATION**

MET	REQUIRED QUALIFICATIONS
	Cemetery is not operated by any governmental agency or religious institution
	Cemetery charges fees or sells plots, interment rights, or any related cemetery services or merchandise
	Cemetery has established an endowment care trust fund placed with and held by a bank, trust company, savings and loan association, or other financial institution authorized to provide trust services under Title 5, as amended, or under the applicable laws of the United States or any other state, or a board of trustees, consisting of at least three members, who shall reside in the state of Alabama, one of whom is engaged in outside cemetery management, and each of whom shall be bonded to honestly perform the duties of trustee under a formal trust agreement. If a board of trustees is created on or after July 01, 2014, a person serving on the board of trustees or cemetery authority may not also serve as a trustee of an endowment care fund for the cemetery authority. A board of trustees in existence on July 01, 2014, may continue to serve as the trustee of an endowment care fund.
	A minimum of \$25,000.00 has been placed into the hands of a qualified trustee designated by the Endowment Care Cemetery seeking registration
SUBMITTED	REQUIRED DOCUMENTATION
	Application completed in its entirety
	Copy of the Endowment Care Trust Agreement
	Explanation of where the cemetery funds are being held if not in a trust
	Copy of the plat map of the cemetery
	Copy of the cemetery rules and regulations
	A complete list of 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

- Questions regarding an application should be emailed to [preneed@fsb.alabama.gov](mailto:preneed@fsb.alabama.gov) or through our website: [www.fsb.alabama.gov](http://www.fsb.alabama.gov) > About Us > Contact Us
- No application will be considered for registration until all items on the checklist are satisfied, unless otherwise approved by the Board.

**ATTENTION: IF ADDITIONAL INFORMATION IS REQUIRED BY THE BOARD, THE REQUESTED INFORMATION MUST BE PROVIDED NO LATER THAN THE DATE GIVEN IN THE REQUEST. FAILURE TO RESPOND TIMELY WILL RESULT IN A DENIAL OF YOUR APPLICATION.**

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NAME OF ENDOWMENT CARE CEMETERY:

D/B/A NAME (if applicable):

TYPE OF ORGANIZATION (submit the Certificate of Formation with this application):

Sole Proprietorship

Partnership

LLC

LLP

C Corp

S Corp

FULL MAILING ADDRESS OF ENDOWMENT CARE CEMETERY (street number, street name, city, state, zip code):

CEMETERY'S E-MAIL ADDRESS:

CEMETERY'S TELEPHONE NUMBER:

FULL PHYSICAL ADDRESS OF ENDOWMENT CARE CEMETERY (if different from mailing address):

CEMETERY'S FEDERAL EMPLOYER IDENTIFICATION NUMBER:

CEMETERY'S FISCAL YEAR END DATE:

NAME OF TRUST WITH WHICH ENDOWMENT CARE FUND WILL BE HELD:

FULL MAILING ADDRESS OF TRUSTEE (street number, street name, city, state, zip code):

TRUSTEE'S E-MAIL ADDRESS:

TRUSTEE'S TELEPHONE NUMBER:

TRUSTEE CONTACT NAME:

THIS APPLICATION MUST BE ACCOMPANIED BY THE FOLLOWING:

1. A COPY OF THE ENDOWMENT CARE TRUST AGREEMENT OR EXPLANATION OF WHERE THE FUNDS BELONGING TO THE CEMETERY ARE CURRENTLY BEING KEPT IF THERE IS NO ENDOWMENT CARE TRUST ESTABLISHED
2. A COPY OF THE PLAT MAP OF THE ENDOWMENT CARE CEMETERY
3. A COPY OF THE CEMETERY RULES AND REGULATIONS

# APPLICATION TO REGISTER ENDOWMENT CARE CEMETERY APPLICATION

## 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, and any other individual or officer as may be needed to legally bind the entity for which the endowment care cemetery being registered. Include the full mailing address, e-mail address, telephone number, and title of each individual as well as the percentage of ownership of the company.

- This page can be copied as many times as necessary. Please indicate at the bottom of each page the page number and the total number of pages.

NAME:							
FULL MAILING ADDRESS OF PRINCIPAL (street number, street name, city, state, zip code):				PRINCIPAL'S E-MAIL ADDRESS:			
				PRINCIPAL'S TELEPHONE NUMBER:			
TITLE:							
Owner	Partner	Member (LLC)	Director	Officer	Shareholder	Other:	
PERCENTAGE OF OWNERSHIP:							

NAME:							
FULL MAILING ADDRESS OF PRINCIPAL (street number, street name, city, state, zip code):				PRINCIPAL'S E-MAIL ADDRESS:			
				PRINCIPAL'S TELEPHONE NUMBER:			
TITLE:							
Owner	Partner	Member (LLC)	Director	Officer	Shareholder	Other:	
PERCENTAGE OF OWNERSHIP:							

NAME:							
FULL MAILING ADDRESS OF PRINCIPAL (street number, street name, city, state, zip code):				PRINCIPAL'S E-MAIL ADDRESS:			
				PRINCIPAL'S TELEPHONE NUMBER:			
TITLE:							
Owner	Partner	Member (LLC)	Director	Officer	Shareholder	Other:	
PERCENTAGE OF OWNERSHIP:							

# APPLICATION TO REGISTER ENDOWMENT CARE CEMETERY APPLICATION

BY SIGNING BELOW, THE APPLICANT CERTIFIES THAT THEY ARE AUTHORIZED TO SIGN ON BEHALF OF THE ENDOWMENT CARE CEMETERY BEING REGISTERED, THAT THE INFORMATION PRESENTED HEREIN IS TRUE AND CORRECT TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF, THAT SAID INFORMATION IS SUBMITTED VOLUNTARILY BY THE AUTHORIZED REPRESENTATIVE OF THE ENDOWMENT CARE CEMETERY TO THE ALABAMA BOARD OF FUNERAL SERVICES AS ESSENTIAL DATA IN CONNECTION WITH THE APPLICATION DESCRIBED ABOVE, AND THAT HE OR SHE ACKNOWLEDGES THAT ANY MISSTATEMENT MAY CAUSE THE ALABAMA BOARD OF FUNERAL SERVICES TO INITIATE PROCEEDINGS AGAINST THE CEMETERY.

NAME OF AUTHORIZED REPRESENTATIVE OF ENDOWMENT CARE CEMETERY:

SIGNATURE OF AUTHORIZED REPRESENTATIVE OF ENDOWMENT CARE CEMETERY:

DATE SIGNED: