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## Alabama Board of Funeral Services APPLICATION FOR ESTABLISHMENT

PLEASE SELECT TYPE OF ESTABLISHMENT: \_\_\_\_\_ **Funeral Home** \_\_\_\_\_ **MORTUARY SERVICE\***

\*Note: A Mortuary Service is prohibited by law from conducting business with the public. It can only do business with other funeral establishments.

**THE APPLICATION FEE of \$500 MUST ACCOMPANY THIS APPLICATION (All application fees are non-refundable)**

**PLEASE PRINT**

NAME OF FUNERAL ESTABLISHMENT			
MAILING ADDRESS	CITY	STATE	ZIP
PHYSICAL ADDRESS	CITY	STATE	ZIP
EMAIL ADDRESS*	CONTACT NUMBER		
COUNTY	DISTRICT NUMBER		
APPLICATION IS HEREBY SUBMITTED FOR LICENSE AS A FUNERAL ESTABLISHMENT UNDER THE PROVISIONS OF SECTION 34-13-116 CODE OF ALABAMA, FOR THE FISCAL YEAR ENDING OCTOBER 1, 20_____. ATTACHED HERETO ARE THE APPLICATION FEE OF <b>\$500.00</b> , A DESCRIPTION WITH PHOTOGRAPHS OF THE BUILDING(S), EQUIPMENT, AND FACILITIES OF THE ESTABLISHMENT. APPLICANT HAS READ AND UNDERSTANDS AND AGREES TO ABIDE BY THE PROVISIONS OF TITLE 34, CHAPTER 13, CODE OF ALABAMA 1975, WHICH GOVERNS THE ISSUANCE OF THE LICENSE REQUESTED. IN SUPPORT OF THIS APPLICATION THE INFORMATION BELOW IS SUBMITTED AND ATTESTED.			
NAME OF MANAGING FUNERAL DIRECTOR	LICENSE NUMBER	CONTACT NUMBER	
PHYSICAL ADDRESS	CITY	STATE	ZIP
NAME OF MANAGING EMBALMER	LICENSE NUMBER	CONTACT NUMBER	
PHYSICAL ADDRESS	CITY	STATE	ZIP
NAME OF MANAGING CREMATIONIST (IF APPLICABLE)	LICENSE NUMBER	CONTACT NUMBER	
PHYSICAL ADDRESS	CITY	STATE	ZIP
THE ESTABLISHMENT IS OWNED BY			
INDIVIDUAL PROPRIETOR	PARTNERSHIP	CORPORATION	LLC
IF INDIVIDUAL PROPRIETOR OR PARTNERSHIP LIST NAME, ADDRESS OF EACH OWNER, AND PERCENT OF OWNERSHIP			
NAME	ADDRESS CITY/STATE/ZIP	CONTACT NUMBER	% OF OWNERSHIP
NAME	ADDRESS CITY/STATE/ZIP	CONTACT NUMBER	% OF OWNERSHIP
NAME	ADDRESS CITY/STATE/ZIP	CONTACT NUMBER	% OF OWNERSHIP
IF CORPORATION OR LLC LIST CORPORATE NAME, OFFICERS % OF OWNERSHIP _____			
NAME	ADDRESS CITY/STATE/ZIP	CONTACT NUMBER	% OF OWNERSHIP
NAME	ADDRESS CITY/STATE/ZIP	CONTACT NUMBER	% OF OWNERSHIP

NAME	ADDRESS CITY/STATE/ ZIP	CONTACT NUMBER	% OF OWNERSHIP
STATE, COUNTY, DATE OF INCORPORATION: _____			
SUBMIT A COPY OF THE ALABAMA SECRETARY OF STATE CERTIFICATE OR REGISTRATION SHOWING THE REREGISTERED NAME OF THE CORPORATION, FIRM, OR LLC. (THE NAME OF THE CORPORATION, FIRM, OR LLC CANNOT CONTAIN THE NAME OF AN INDIVIDUAL NOT LICENSED BY THE BOARD.)			

DOES THE ESTABLISHMENT HAVE A CREMATORY ON THE PREMISES? IF YES, COMPLETE A CREMATORY REGISTRATION	YES	<input type="checkbox"/>		<input type="checkbox"/>
IS THERE A CREMATORY IS ON THE PREMISES, WILL IT PERFORM THIRD PARTY CREMATIONS? (IF APPLICABLE)	YES	<input type="checkbox"/>		<input type="checkbox"/>
WILL EMBALMING OCCUR AT THIS ESTABLISHMENT? IF NO, WHERE WILL EMBALMING OCCUR?	YES	<input type="checkbox"/>		<input type="checkbox"/>
WILL THE ESTABLISHMENT SELL PRENEEDS? (Not Applicable to Mortuary Service(s))	YES	<input type="checkbox"/>		<input type="checkbox"/>

IF EMBALMING WILL NOT OCCUR AT THIS ESTABLISHMENT, I CERTIFY THAT THE ESTABLISHMENT HAS A HOLDING ROOM THAT MEETS THE FOLLOWING REQUIREMENTS: UNDER THE SAME OWNERSHIP AS THE EMBALMING FACILITY, IS WITHIN A 25 MILE RADIUS OF THE EMBALMING FACILITY LOCATED IN THIS STATE, NON-POROUS FLOORS AND WALLS, HOT AND COLD RUNNING WATER, EQUIPPED WITH AN ASPIRATOR, TROCAR, NASAL TUBE ASPIRATOR, ASPIRATING HOSES, ADEQUATE DRAINAGE, CONTAINERS FOR SOILED LINEN, CLOTHING AND WASTE DISPOSAL, AND ADEQUATE LIGHTING. IF THIS ESTABLISHMENT IS REGISTERED AS A BRANCH LOCATION AND THE EMBALMING FACILITY CLOSSES, THE BRANCH LOCATION HOLDING ROOM MUST BE CONVERTED AND MEET THE REQUIREMENTS OF AN EMBALMING ROOM.

I CERTIFY THAT THE ESTABLISHMENT HAS A SANITARY PROPERLY EQUIPPED EMBALMING ROOM WITH A SANITARY FLOOR, NECESSARY DRAINAGE, VENTILATION, HOT AND COLD RUNNING WATER, APPROVED TABLES, INSTRUMENTS, SUPPLIES FOR THE PREPARATION AND EMBALMING OF DEAD HUMAN BODIES, AT LEAST ONE PROPERLY LICENSED AND OPERATIONAL HEARSE EQUIPPED FOR TRANSPORTING HUMAN REMAINS IN A CASKET OR URN.

I CERTIFY THAT THE ESTABLISHMENT, EQUIPMENT, INVENTORY, SUPPLIES, PERSONNEL AND PREMISES MEET OR EXCEED THE MINIMUM QUALIFICATIONS REQUIRED BY THE ALABAMA BOARD OF FUNERAL SERVICE FOR CERTIFICATION AND LICENSING.

I CERTIFY THAT THE MORTUARY SERVICE WILL PERFORM EMBALMING, CREMATION OR BOTH FOR ONLY LICENSED FUNERAL ESTABLISHMENTS AND **AT NO TIME WILL SERVICES OR MERCHANDISE BE ADVERTISED, SOLD DIRECTLY TO OR AT RETAIL TO THE PUBLIC.**

THE **FUNERAL ESTABLISHMENT** HAS A ROOM SUITABLE FOR PUBLIC VIEWING OR OTHER FUNERAL SERVICE THAT IS A MINIMUM OF 1000 SQUARE FEET.

THE **FUNERAL ESTABLISHMENT** HAS AN ARRANGEMENT OFFICE

THE **FUNERAL ESTABLISHMENT** HAS A DISPLAY ROOM CONTAINING A STOCK OF ADULT CASKETS AND FUNERAL SUPPLIES DISPLAYED IN FULL SIZE, CUTS, PHOTOGRAPHS, OR ELECTRONIC IMAGES.

I CERTIFY THAT THE ESTABLISHMENT HAS GENERAL LIABILITY INSURANCE WITH \_\_\_\_\_ IN AN AMOUNT OF AT LEAST ONE MILLION DOLLARS IN ACCORDANCE WITH 34-13-113(E) AND THE ESTABLISHMENT HAS PROVIDED PROOF. THE POLICY NUMBER IS \_\_\_\_\_ WITH AN EFFECTIVE DATE OF \_\_\_\_\_ AND AN EXPIRATION DATE OF \_\_\_\_\_.

THE ESTABLISHMENT IS MADE OF \_\_\_\_\_ CONSTRUCTION. THE APPROXIMATE SQUARE FOOTAGE OF THE BUILDING IS \_\_\_\_\_.

IT IS PROPOSED THAT THE FUNERAL ESTABLISHMENT WILL BEGIN OPERATION (PENDING BOARD APPROVAL) \_\_\_\_\_.

I CERTIFY THAT I AM (OWNER) A CITIZEN OF THE UNITED STATES OR LEGALLY PRESENT IN THE UNITED STATES [ ] YES [ ] NO

**I UNDERSTAND THAT ANY FALSE STATEMENT GIVEN HEREIN WILL SUBJECT MY LICENSE TO DENIAL OR REVOCATION**

\_\_\_\_\_  
(PRINT NAME)

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(SOCIAL SECURITY NUMBER)

\_\_\_\_\_  
(RELATIONSHIP TO FUNERAL ESTABLISHMENT)

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

SEAL

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
MY COMMISSION EXPIRES