

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
LICENSE / CERTIFICATION RENEWAL
FOR THE RENEWAL PERIOD OF OCTOBER 1, 2026 THROUGH OCTOBER 1, 2028

This form must be filled out completely and 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
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) (APPRENTICE ONLY)			YES	NO
I HAVE ATTACHED MY ANNUAL REPORT FORM(S) COMPLETED AND SIGNED BY MY SUPERVISOR(S) (APPRENTICE ONLY)			YES	NO
I CERTIFY THAT I HAVE COMPLETED EIGHT (8) HOURS OF CONTINUING EDUCATION , INCLUDING BLOODBORNE PATHOGEN/UNIVERSAL PRECAUTIONS AND ETHICS, FOR THE BIENNIAL PERIOD OF OCTOBER 1, 2026 THROUGH OCTOBER 1, 2026. I UNDERSTAND, IF I HAVE NOT COMPLETED THE REQUIRED HOURS AND COURSES , MY LICENSE(S) WILL NO BE RENEWED UNTIL THE REQUIREMENTS ARE MET AND ANY LATE PENALTIES PAID.			YES	NO
I CERTIFY THAT I AM EXEMPT FROM COMPLETING CONTINUING EDUCATION REQUIREMENTS IN ACCORDANCE WITH 34-13-53(C)(2)			YES	NO

ALL RENEWAL APPLICATIONS MUST BE RETURNED WITH FEES ON OR BEFORE SEPTEMBER 1, 2026. A LATE FEE OF \$100.00 WILL BE DUE FOR EACH LICENSE RENEWED BETWEEN SEPTEMBER 2 AND OCTOBER 1. AFTER OCTOBER 1, THE LICENSE 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 LICENSE TO DENIAL OR REVOCATION.

SIGNATURE	DATE SIGNED
------------------	--------------------

SELECT LICENSE FOR RENEWAL (✓) (PLEASE CHECK ALL THAT APPLY)

FUNERAL DIRECTOR (\$230.00) LICENSE # _____	EMBALMER (\$230.00) LICENSE # _____
CREMATIONIST (\$150.00) LICENSE # _____	PRACTICAL EMBALMER (\$230.00) LICENSE # _____
APPRENTICE FUNERAL DIRECTOR (\$50.00) # _____	APPRENTICE EMALMER (\$50.00) # _____

OFFICE USE ONLY

RECEIVED	POSTED	CA,CK,CC,CCK,MO	POSTED BY	APPRENTICE STATS					
CONTINUING EDUCATION _____/hrs		APPROVED	DENIED	SKILLS EVAL	YES	NO			
				SUP AGREE	YES	NO			
				CASES			MONTHS		
				AFD					
				AEM					