



**ALABAMA BOARD OF FUNERAL
SERVICES**

APPLICATION FOR CHANGE OF OWNERSHIP

Application fee: \$250.00. All application fees are non-refundable. Please print or type clearly.

This application reports a change in ownership of a funeral establishment under Section 34-13-111(e), Code of Alabama 1975. The new owner must comply with Sections 34-13-112 and 34-13-113. Submit the \$250.00 non-refundable application fee and a signed copy of the asset purchase agreement with dollar amounts redacted. Complete all applicable sections and attach the required supporting documents

1. ESTABLISHMENT INFORMATION			
Name of Establishment being bought out:			
Mailing Address	City	State	Zip
Physical Address	City	State	Zip
Email Address	Contact Number		
County	District Number		
Proposed Name of the Establishment by the new owner:			
2. MANAGING LICENSEES (After Change)			
Managing Funeral Director Name	License Number	Phone Number	
Physical Home Address	City	State	Zip
Managing Embalmer Name	License Number	Phone Number	
Physical Address	City	State	Zip
Managing Cremationist Name (if applicable)	License Number	Phone Number	
Physical Address	City	State	Zip
3. PROPOSED OWNERSHIP STRUCTURE (AFTER CHANGE)			
Establishment is owned by: ☐ Individual Proprietor ☐ Partnership ☐ Corporation ☐ LLC			
Individual proprietor or partnership - list each owner:			
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
Corporation or LLC - corporate name: _____			
Officer / Member name / Owner	Address/City/State/Zip	Contact Number	% of Ownership
Officer / Member name / Owner	Address/City/State/Zip	Contact Number	% of Ownership
Officer / Member name / Owner	Address/City/State/Zip	Contact Number	% of Ownership



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OWNERSHIP CHANGE DISCLOSURE & ACKNOWLEDGMENT

Complete this page for every change in ownership reported to the Board.

REPORTING REQUIREMENT: Section 34-13-111(e) requires any change in ownership to be immediately reported to the Board. Rule 395-X-4-.08 specifically requires reporting of transfers of 10% or more, a series of transfers within one year accumulating to 10% or more, and transfers that cause a person or entity to gain or lose control of 50% or more. A change meeting those rule thresholds must be reported within 15 calendar days.

4. OWNERSHIP CHANGE DETAILS

Seller Legal Name:		Purchaser Legal Name	
Date ownership change occurred or anticipated closing date		Ownership interest transferred (%)	
Transaction Type: ☐ Asset purchase ☐ Stock/share transfer ☐ Membership-interest transfer ☐ Merger/reorganization ☐ Other: _____			
Transaction Status: ☐ Proposed / not yet closed ☐ Completed Date completed (if applicable): _____			
Does this transaction transfer 10% or more of an ownership interest?		☐ YES	☐ NO
Together with transfers during the preceding one-year period, does this transaction result in a cumulative transfer of 10% or more?		☐ YES	☐ NO
Does this transaction cause any individual or entity to gain or lose control of a 50% or greater total ownership interest?		☐ YES	☐ NO

Note: Attach an additional ownership schedule if more space is needed to identify transferors, transferees, or percentage changes.

5. PRENEED STATUS

IMPORTANT - PRENEED: If the establishment holds a Preneed Certificate of Authority or Branch Registration and the transaction will transfer that preneed license or ownership, the required preneed ownership-transfer application must be approved by the Board before the funeral-establishment ownership change/closing takes place.

Does the establishment currently hold a Preneed Certificate of Authority or Branch Registration?		☐ YES	☐ NO
COA / Branch Registration number (if applicable)	Date Preneed Division approved ownership transfer (if applicable)		

6. LIABILITY INSURANCE

I certify that the establishment has general liability insurance in an amount of at least one million dollars in accordance with Section 34-13-113(e), and that proof of coverage is provided. I understand that the coverage must be continuous and proof of coverage must be provided when requested by the Board.

General liability Insurance Company

Policy Number	Effective Date	Expiration Date
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7. REQUIRED ATTACHMENTS CHECKLIST

☐ \$250.00 Change of Ownership application fee (non-refundable)	☐ Signed asset purchase agreement with dollar amounts redacted
☐ Managing Funeral Director affirmation and Managing Embalmer affirmation; Managing Cremationist affirmation if applicable	☐ Certificate of formation from the Alabama Secretary of State, if purchaser/new owner is an LLC or corporation
☐ Proof of at least \$1,000,000 general liability insurance showing policy number, effective and expiration dates, coverage amount, and insured property address	☐ Copy of business license
☐ Preneed ownership-transfer approval, if applicable	☐ Background-check documentation required under current Board policy for new applications, if applicable
☐ Copy of new GPL, CPL, OBC, Embalming Authorization, Receipt of Cremated Remains, and Statement of Goods and Services	☐ Copy of Cremation Authorization, If a crematory



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8. OPERATIONS AND FACILITY INFORMATION

Will this establishment sell pre-need funerals?		☐ YES	☐ NO
Does the establishment have a crematory on the premises? If yes, complete a crematory registration.		☐ YES	☐ NO
If a crematory is on the premises, will it perform third-party cremations? (if applicable)		☐ YES	☐ NO
Will embalming occur at this establishment? If no, where will embalming occur? _____		☐ YES	☐ NO
Will the establishment sell preneeds?		☐ YES	☐ NO
☐	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; 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 closes, 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, and 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 Services for certification and licensing.		
☐	The funeral establishment has a room suitable for public viewing or other funeral service that is a minimum of 1,000 square feet. The funeral establishment has an arrangement office.		
☐	If the establishment holds a Preneed Certificate of Authority or Branch Registration and the transaction requires a preneed ownership transfer, I certify that the required Preneed Division approval was obtained before the ownership change/closing.		
☐	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.		

Proposed operation date (pending Board approval)

9. PURCHASER - Check the appropriate response below for U.S. citizen or non-citizen, and check the document you are submitting to prove U.S. citizenship or lawful presence in the United States.

I certify that I (OWNER) am:

☐ am a **United States (U.S.) citizen. I am submitting a copy of the checked document (ONLY CHECK ONE) to prove citizenship/legal presence:**

☐ Alabama Driver's License or identification issued by the Department of Public Safety

☐ Driver's License from another state that required proof of lawful presence

☐ Birth Certificate indicating U.S. birth

☐ Valid U.S. Passport

☐ am **NOT** a **United States citizen. I am submitting a copy of the checked document(s) to prove lawful presence:**

☐ 551 Permanent Resident Card (copy front and back)

☐ I-766 Employment Authorization Card (copy front and back)

☐ Other (explain): _____



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10. SELLER AND PURCHASER ACKNOWLEDGMENT / APPLICANT CERTIFICATION / NOTARY

The undersigned Seller/Transferor and Purchaser/Transferee certify that they have entered into an agreement for the sale or transfer of the ownership interest identified in this application. They certify that the ownership information reported in this application is true and correct to the best of their knowledge. The parties acknowledge that the transaction is subject to applicable requirements of Title 34, Chapter 13, Code of Alabama 1975, and Alabama Administrative Code 395, including any required Board approval. This acknowledgment does not replace the signed asset purchase agreement or other transaction documents required by law or Board rule.

Seller – Print Name	Title
Signature	Date Signed

NOTARY

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

Signature of Notary Public	Notary Seal
My Commission expires	

PURCHASER

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

Purchaser – Print Name	Relationship to Funeral Establishment
Purchaser Signature	Date Signed
Social Security Number	

NOTARY

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

Signature of Notary Public	Notary Seal
My Commission Expires	

PHYSICAL ADDRESS:
4276 LOMAC STREET
MONTGOMERY, ALABAMA 36106
WEBSITE: www.fsb.alabama.gov
EMAIL: info@fsb.alabama.gov



MAILING ADDRESS:
P O BOX 309522
MONTGOMERY, ALABAMA 36130
PHONE: 334.242.4049
FAX: 334.353.7988

Alabama Board of Funeral Services
MANAGING FUNERAL DIRECTOR AFFIRMATION

FIRST NAME	MIDDLE NAME	LAST NAME	
MAILING ADDRESS	CITY	STATE	ZIP
PHYSICAL ADDRESS	CITY	STATE	ZIP
EMAIL ADDRESS*	ALABAMA FUNERAL DIRECTOR LICENSE NUMBER	CONTACT NUMBER	

THE FOLLOWING IS SUBMITTED IN ACCORDANCE WITH 34-13-1(a)(60) CODE OF ALABAMA, 1975 and
ADMINISTRATIVE CODE 395

I ACCEPT THE DUTIES AND RESPONSIBILITIES AS MANAGING FUNERAL DIRECTOR OF THE FUNERAL ESTABLISHMENT NAMED BELOW. I UNDERSTAND AND AFFIRM THAT BEGINNING ON THE DATE INDICATED I WILL BE IN FULL CHARGE, CONTROL AND SUPERVISION OF ALL ACTIVITIES INVOLVING FUNERAL DIRECTING AT THE FUNERAL ESTABLISHMENT NAMED BELOW

ESTABLISHMENT NAME	ESTABLISHMENT NUMBER	EFFECTIVE DATE	
BUSINESS ADDRESS	CITY	STATE	ZIP

I AM CURRENTLY LICENSED AS A FUNERAL DIRECTOR IN ALABAMA. I UNDERSTAND THAT ANY FALSE STATEMENT GIVEN HEREIN WILL
SUBJECT MY ALABAMA LICENSE AS A FUNERAL DIRECTOR TO DISCIPLINARY ACTION.

PRINTED NAME OF LICENSED FUNERAL DIRECTOR

SIGNATURE OF LICENSED FUNERAL DIRECTOR	DATE SIGNED
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SUBSCRIBED AND SWORN TO BEFORE ME, A NOTARY IN THE STATE OF ALABAMA THIS _____ DAY OF _____, 20_____.

SEAL

SIGNATURE OF NOTARY PUBLIC

MY COMMISSION EXPIRES

PHYSICAL ADDRESS:
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Alabama Board of Funeral Services
MANAGING EMBALMER AFFIRMATION

FIRST NAME	MIDDLE NAME	LAST NAME	
MAILING ADDRESS	CITY	STATE	ZIP
PHYSICAL ADDRESS	CITY	STATE	ZIP
EMAIL ADDRESS*	ALABAMA EMBALMER LICENSE NUMBER		CONTACT NUMBER

THE FOLLOWING IS SUBMITTED IN ACCORDANCE WITH 34-13-1(a)(59) CODE OF ALABAMA, 1975 and
ADMINISTRATIVE CODE 395

I ACCEPT THE DUTIES AND RESPONSIBILITIES AS MANAGING EMBALMER OF THE FUNERAL ESTABLISHMENT NAMED BELOW.
I UNDERSTAND AND AFFIRM THAT BEGINNING ON THE DATE INDICATED I WILL BE IN FULL CHARGE, CONTROL AND
SUPERVISION OF ALL ACTIVITIES INVOLVING EMBALMING AT THE FUNERAL ESTABLISHMENT NAMED BELOW

ESTABLISHMENT NAME	ESTABLISHMENT NUMBER	EFFECTIVE DATE	
BUSINESS ADDRESS	CITY	STATE	ZIP

I AM CURRENTLY LICENSED AS AN EMBALMER IN ALABAMA. I UNDERSTAND THAT ANY FALSE STATEMENT GIVEN HEREIN WILL
SUBJECT MY ALABAMA LICENSE AS AN EMBALMER TO DISCIPLINARY ACTION.

PRINTED NAME OF LICENSED EMBALMER

SIGNATURE OF LICENSED EMBALMER	DATE SIGNED
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SUBSCRIBED AND SWORN TO BEFORE ME, A NOTARY IN THE STATE OF ALABAMA THIS _____ DAY OF _____, 20_____.

SEAL

SIGNATURE OF NOTARY PUBLIC

MY COMMISSION EXPIRES

PHYSICAL ADDRESS:
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FAX: 334.353.7988

Alabama Board of Funeral Services
MANAGING CREMATIONIST AFFIRMATION

FIRST NAME	MIDDLE NAME	LAST NAME	
MAILING ADDRESS	CITY	STATE	ZIP
PHYSICAL ADDRESS	CITY	STATE	ZIP
EMAIL ADDRESS*	ALABAMA CREMATIONIST LICENSE NUMBER		CONTACT NUMBER

THE FOLLOWING IS SUBMITTED IN ACCORDANCE WITH 34-13-1(a)(58) CODE OF ALABAMA, 1975 and
ADMINISTRATIVE CODE 395

I ACCEPT THE DUTIES AND RESPONSIBILITIES AS MANAGING CREMATIONIST OF THE FUNERAL ESTABLISHMENT NAMED
BELOW. I UNDERSTAND AND AFFIRM THAT BEGINNING ON THE DATE INDICATED I WILL BE IN FULL CHARGE, CONTROL AND
SUPERVISION OF ALL ACTIVITIES INVOLVING THE CREMATORY AT THE FUNERAL ESTABLISHMENT NAMED BELOW

ESTABLISHMENT NAME	ESTABLISHMENT NUMBER	EFFECTIVE DATE	
BUSINESS ADDRESS	CITY	STATE	ZIP

I AM CURRENTLY LICENSED AS A FUNERAL DIRECTOR AND CREMATIONIST IN ALABAMA. I UNDERSTAND THAT ANY FALSE STATEMENT
GIVEN HEREIN WILL SUBJECT MY ALABAMA LICENSE AS A FUNERAL DIRECTOR AND CREMATIONIST TO DISCIPLINARY ACTION.

PRINTED NAME OF LICENSED FUNERAL DIRECTOR AND CREMATIONIST

SIGNATURE OF LICENSED FUNERAL DIRECTOR AND CREMATIONIST	DATE SIGNED
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SUBSCRIBED AND SWORN TO BEFORE ME, A NOTARY IN THE STATE OF ALABAMA THIS _____ DAY OF _____, 20_____.

SEAL

SIGNATURE OF NOTARY PUBLIC

MY COMMISSION EXPIRES