PHYSICAL ADDRESS:
4276 Lomac Street
Montgomery, Alabama 36106
WEBSITE: www.fsb.alabama.gov
E-MAIL: 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
APPLICATION FOR LICENSE/CERTIFICATE

GENERAL INSTRUCTIONS

This application packet contains the required forms, instructions, and comprehensive checklists for all license types administered by the Board, including:

Funeral Director
Embalmer
Cremationist
Apprentice
Reciprocity Applicants

All applicants are responsible for carefully reviewing and completing each applicable section. Please ensure the following:

All forms are fully completed and signed where required (if a form in this packet does not apply to the license for which you are applying, do not submit that form)
All supporting documents are included or submitted directly from the issuing entity
Fees are submitted in accordance with Board requirements
Applications are mailed to:

Alabama Board of Funeral Services
4276 Lomac Street
Montgomery, Alabama 36106

Incomplete applications may result in delays or denial of licensure.

Please note that applications will be reviewed upon receipt of all required materials. Additional information may be requested during the review process. Applicants are encouraged to monitor their application status and respond promptly to any requests from the Board. Our primary means of communication is by email so please make sure your correct email is on file.

The comprehensive checklist is broken down into three sections: Minimum Qualifications, Required Documents, and Required Fees. Each section lists the license/exam type in the left column; the minimum qualification, required documents, or required fees that applies to each license/exam type in the middle column; and a place to check that the qualification has been met, the required document is included with the application, and the required fee(s) are included with the application.

For example, an applicant must be at least eighteen (18) years of age for each of the following license applications: apprentice funeral director, apprentice embalmer, funeral director, embalmer, funeral director by reciprocity, embalmer by reciprocity, funeral director special work permit, and embalmer special work permit. So, any applicant applying for any of the previously mentioned licenses must meet the requirement of being at least 18 years of age. If you apply for any of those licenses and meet that qualification, then you check the box that you have met that qualification.

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ALABAMA BOARD OF FUNERAL SERVICES
APPLICATION FOR LICENSE/CERTIFICATION
CHECKLIST

THIS CHECKLIST MUST BE SIGNED AND INCLUDED WITH YOUR APPLICATION. INDICATE COMPLETION OF ITEMS ON THE CHECKLIST BY MARKING THE BOX NEXT TO EACH ITEM. IF AN ITEM DOES NOT APPLY TO THE LICENSE/EXAM YOU ARE APPLYING FOR, MARK THE BOX AS N/A.

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

LICENSE/EXAM TYPE	REQUIRED QUALIFICATIONS	MET
APPRENTICE FUNERAL DIRECTOR APPRENTICE EMBALMER FUNERAL DIRECTOR EMBALMER FUNERAL DIRECTOR BY RECIPROCITY EMBALMER BY RECIPROCITY FUNERAL DIRECTOR SPECIAL WORK PERMIT EMBALMER SPECIAL WORK PERMIT	Applicant is at least eighteen (18) years of age	
CREMATIONIST	Applicant must be at least twenty-one (21) years of age	
APPRENTICE FUNERAL DIRECTOR APPRENTICE EMBALMER	Applicant holds a high school certificate or equivalent	
CREMATIONIST	Applicant is a high school graduate or equvalent	
APPRENTICE FUNERAL DIRECTOR APPRENTICE EMBALMER FUNERAL DIRECTOR EMBALMER FUNERAL DIRECTOR BY RECIPROCITY EMBALMER BY RECIPROCITY FUNERAL DIRECTOR SPECIAL WORK PERMIT EMBALMER SPECIAL WORK PERMIT CREMATIONIST	Applicant must be of good moral character and submit to the Alabama Board of Funeral Services on a form sworn to by the applicant his or her name, date of birth, social security number, and two (2) complete sets of fingerprints for completion of a criminal history background check. **PLEASE NOTE: IF MULTIPLE APPLICATIONS ARE SUBMITTED AT THE SAME TIME, ONLY ONE (1) BACKGROUND CHECK IS REQUIRED PER APPLICANT. IF MULTIPLE APPLICATIONS ARE SUBMITTED AT DIFFERENT TIMES, EACH APPLICATION MUST INCLUDE FINGERPRINTS FOR A BACKGROUND CHECK NO MATTER THE AMOUNT OF TIME IN BETWEEN EACH APPLICATION.**	
FUNERAL DIRECTOR BY RECIPROCITY EMBALMER BY RECIPROCITY	Applicant must be licensed as a funeral director and/or embalmer in another state.	
CREMATIONIST	Applicant has successfully completed a crematory operator training course approved by the Board.	
CREMATIONIST	Applicant has completed a course in universal precaution and blood-borne pathogens approved by the Board	
FUNERAL DIRECTOR EMBALMER	Applicant has completed a full course of apprenticeship	
FUNERAL DIRECTOR	Applicant has completed a course of instruction in an accredited mortuary or funeral service school or college which has been approved by the Board, or has completed a Bachelors Degree program from an accredited school.	

LICENSE/EXAM TYPE	REQUIRED QUALIFICATIONS	MET
EMBALMER	Applicant has completed a course of instruction in an embalming school or college which has been approved by the Board.	
FUNERAL DIRECTOR	Applicant has successfully completed Alabama Funeral Director and/or Alabama Embalmer Exam, or has successfully completed the NBE (Art) and/or NBE (Science) Exam with a minimum passing score of 75 or higher.	
EMBALMER		
FUNERAL DIRECTOR	Applicant has successfully completed the Alabama Law, Rules, and Regulations Exam with a minumum passing score of 75 or higher.	
EMBALMER		
CREMATIONIST		

LICENSE/EXAM TYPE	REQUIRED DOCUMENTATION	SUBMITTED
APPRENTICE FUNERAL DIRECTOR	Application completed in its entirety.	
APPRENTICE EMBALMER		
FUNERAL DIRECTOR		
EMBALMER		
FUNERAL DIRECTOR BY RECIPROCITY		
EMBALMER BY RECIPROCITY		
FUNERAL DIRECTOR SPECIAL WORK PERMIT		
EMBALMER SPECIAL WORK PERMIT		
CREMATIONIST		
APPRENTICE FUNERAL DIRECTOR	Application to Review Alabama Criminal History Record Information and Notice of Privacy Disclosure Statement completed in its entirety.	
APPRENTICE EMBALMER		
FUNERAL DIRECTOR		
EMBALMER		
FUNERAL DIRECTOR BY RECIPROCITY		
EMBALMER BY RECIPROCITY		
FUNERAL DIRECTOR SPECIAL WORK PERMIT		
EMBALMER SPECIAL WORK PERMIT		
CREMATIONIST		
APPRENTICE FUNERAL DIRECTOR	Application to Review Alabama Criminal History Record Information (included in license/exam application) and Notice of Privacy Disclosure Statement (included in license/exam application) completed in its entirety.	
APPRENTICE EMBALMER		
FUNERAL DIRECTOR		
EMBALMER		
FUNERAL DIRECTOR BY RECIPROCITY		
EMBALMER BY RECIPROCITY		
FUNERAL DIRECTOR SPECIAL WORK PERMIT		
EMBALMER SPECIAL WORK PERMIT		
CREMATIONIST		
APPRENTICE FUNERAL DIRECTOR	Two (2) complete sets of fingerprints on the FD-258 federal cards (white card with blue lines and blue writing) per applicant	
APPRENTICE EMBALMER		
FUNERAL DIRECTOR		
EMBALMER		
FUNERAL DIRECTOR BY RECIPROCITY		
EMBALMER BY RECIPROCITY		
FUNERAL DIRECTOR SPECIAL WORK PERMIT		
EMBALMER SPECIAL WORK PERMIT		
CREMATIONIST		

LICENSE/EXAM TYPE	REQUIRED DOCUMENTATION	SUBMITTED
APPRENTICE FUNERAL DIRECTOR	Proof of citizenship as selected in the Beason-Hammon Citizenship Application (included in license/exam application) for each applicant	
APPRENTICE EMBALMER		
FUNERAL DIRECTOR		
EMBALMER		
FUNERAL DIRECTOR BY RECIPROCITY		
EMBALMER BY RECIPROCITY		
FUNERAL DIRECTOR SPECIAL WORK PERMIT		
EMBALMER SPECIAL WORK PERMIT		
CREMATIONIST		
APPRENTICE FUNERAL DIRECTOR	Court disposition records for convictions, if applicable	
APPRENTICE EMBALMER		
FUNERAL DIRECTOR		
EMBALMER		
FUNERAL DIRECTOR BY RECIPROCITY		
EMBALMER BY RECIPROCITY		
CREMATIONIST		
APPRENTICE FUNERAL DIRECTOR	Copy of high school diploma or equivalent, or copy of high school transcripts	
APPRENTICE EMBALMER		
FUNERAL DIRECTOR	Two (2) affadavits from two (2) different licensed funeral directors	
FUNERAL DIRECTOR	Funeral Directing Case Reports (50 cases), Annual Reports and Skills Evaluation (24 consecutive months)	
FUNERAL DIRECTOR	Certified passing scores on the NBE (Art) exam sent directly to the Board from the Conference, if applicable	
FUNERAL DIRECTOR	Alabama Laws, Rules, and Regulations (Funeral director and embalmer only) exam registration completed in its entirety, if applicable	
EMBALMER		
FUNERAL DIRECTOR	Alabama Funeral Director exam registration completed in its entirety, if applicable	
FUNERAL DIRECTOR	Certified transcript from accredited mortuary school or college showing degree or certificate awarded, if applicable (sent directly to the Board from the school or college)	
FUNERAL DIRECTOR	Certified transcript from accredited college or university showing bachelor's degree awarded, if applicable (sent directly to the Board from the college or university)	
EMBALMER	Two (2) affadavits from two (2) different licensed embalmers	
EMBALMER	Embalming Case Reports (50 cases), Annual Reports and Skills Evaluation (24 consecutive months)	
EMBALMER	Certified passing scores on the NBE (Science) exam sent directly to the Board from the Conference, if applicable	
EMBALMER	Alabama Embalming exam registration completed in its entirety, if applicable	
EMBALMER	Certified transcript from accredited mortuary school or college showing degree awarded sent directly to the Board from the school or college	
CREMATIONIST	Certicicate of completion from ***BOARD APPROVED*** crematory operator training	
CREMATIONIST	Certicicate of completion from ***BOARD APPROVED*** universal precautions/blood-borne pathogens training	
CREMATIONIST	Copy of high school diploma or certified transcript from an accredited post-secondary school	
CREMATIONIST	Alabama Laws, Rules, and Regulations (Cremationist only) exam registration completed in its entirety	

LICENSE/EXAM TYPE	REQUIRED DOCUMENTATION	SUBMITTED
FUNERAL DIRECTOR BY RECIPROCITY	Copy of current funeral director and/or embalmer license in another state	
EMBALMER BY RECIPROCITY		
FUNERAL DIRECTOR BY RECIPROCITY	License verification from state where currently licensed sent directly to the Board from the state where licensed	
EMBALMER BY RECIPROCITY		
FUNERAL DIRECTOR BY RECIPROCITY	Certified passing scores on the NBE exam(s) sent directly to the Board from the Conference, if applicable	
EMBALMER BY RECIPROCITY		
FUNERAL DIRECTOR BY RECIPROCITY	Certified passing scores on state administered exam(s) sent directly to the Board from the state, if applicable	
EMBALMER BY RECIPROCITY		
FUNERAL DIRECTOR BY RECIPROCITY	Alabama Laws, Rules, and Regulations (Funeral director and embalmer only) exam registration completed in its entirety, if applicable	
EMBALMER BY RECIPROCITY		
FUNERAL DIRECTOR BY RECIPROCITY	Certified transcript from accredited mortuary school or college showing degree awarded sent directly to the Board from the school or college	
EMBALMER BY RECIPROCITY		

LICENSE/EXAM TYPE	REQUIRED FEES	PAID
APPRENTICE FUNERAL DIRECTOR	Non-refundable application fee of $50.00 per applicant	
APPRENTICE EMBALMER		
FUNERAL DIRECTOR SPECIAL WORK PERMIT		
EMBALMER SPECIAL WORK PERMIT		
FUNERAL DIRECTOR	Non-refundable application fee of $230.00 per applicant	
EMBALMER		
CREMATIONIST	Non-refundable application fee of $150.00 per applicant	
FUNERAL DIRECTOR BY RECIPROCITY	Non-refundable application fee of $300.00 per applicant	
EMBALMER BY RECIPROCITY		
APPRENTICE FUNERAL DIRECTOR	Background check fee of $40.00 (one fee per applicant, even if submitting multiple applications at the same time.	
APPRENTICE EMBALMER		
FUNERAL DIRECTOR		
EMBALMER		
FUNERAL DIRECTOR BY RECIPROCITY		
EMBALMER BY RECIPROCITY		
FUNERAL DIRECTOR SPECIAL WORK PERMIT		
EMBALMER SPECIAL WORK PERMIT		
CREMATIONIST		
FUNERAL DIRECTOR	NBE exam fee paid directly to the Conference, if applicable	
EMBALMER		
FUNERAL DIRECTOR	Alabama Funeral Director Exam/Alabama Embalmer Exam Registration fee of $100.00 for each exam registration per applicant ($100.00 for Alabama Funeral Director, $100.00 for Alabama Embalmer Exam)	
EMBALMER		
FUNERAL DIRECTOR	Alabama Law, Rules, and Regulations exam registration fee of $50.00 per applicant	
EMBALMER		
CREMATIONIST		

By affixing a signature below, the applicant is attesting that the checklist has been completed in its entirety.

Signature of Applicant

Date

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Alabama Board of Funeral Services
APPLICATION FOR
LICENSE/CERTIFICATION

PLEASE NOTE THAT THIS APPLICATION WILL NOT BE PROCESSED IF ALL ASSOCIATED DOCUMENTS ARE NOT INCLUDED WITH THIS APPLCIATION. PLEASE LOCATE THE CHECKLIST TO UNDERSTAND WHAT IS NEEDED WHEN SUBMITTING THIS APPLCIATION.THE APPLICATION FEE MUST ACCOMPANY THIS APPLICATION *(All application fees are non-refundable.)* QUESTIONS RELATED TO THIS APPLICATION MUST BE RECEIVED VIA EMAIL AT INFO@FSB.ALABAMA.GOV

REGISTRATION(S) APPLYING FOR: CHECK ALL THAT APPLY AND SUBMIT THE CORRECT PAYMENT			
FUNERAL DIRECTOR ($230.00):	☐	EMBALMER ($230.00):	☐
FUNERAL DIRECTOR BY RECIPROCITY ($300.00)	☐	EMBALMER BY RECIPROCITY ($300.00)	☐
FUNERAL DIRECTOR SPECIAL WORK PERMIT ($50.00)	☐	EMBALMER SPECIAL WORK PERMIT ($50.00)	☐
CREMATIONIST ($150.00)	☐	APPRENTICE FUNERAL DIRECTOR ($50.00)	☐
STATE LAW EXAM ($50.00)	☐	APPRENTICE EMBALMER ($50.00)	☐
ALABAMA FUNERAL DIRECTOR EXAM ($100.00)	☐	ALABAMA EMBALMER EXAM ($100.00)	☐
BACKGROUND CHECK FEE ($40.00)	☐	STATE RECIPROCATING FROM_____	
ALL APPLICATION FEES MAY BE INCLUDED IN ONE (1) CHECK, MONEY ORDER, OR CERTIFIED CHECK			

APPLICANT IDENTIFYING INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX

MAILING ADDRESS	COUNTY	CITY	STATE	ZIP
PHYSICAL ADDRESS	COUNTY	CITY	STATE	ZIP

EMAIL ADDRESS	COUNTY OF RESIDENCE

CONTACT NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER

EDUCATION

LIST THE EDUCATIONAL INSTITUTIONS ATTENDED OR ATTENDING THAT SATISFY THE EDUCATIONAL REQUIREMENTS FOR LICENSURE, AND HAVE CERTIFIED TRANSCRIPTS SENT DIRECTLY TO THE BOARD FROM THE MORTUARY SCHOOL, ACCREDITED COLLEGE OR UNIVERSITY THAT AWARDED THE CERTIFICATE OR BACHELOR'S DEGREE (UNOFFICIAL TRANSCRIPTS WILL NOT BE ACCEPTED). IF APPLYING TO BE AN APPRENTICE, SUBMIT A COPY OF YOUR HIGH SCHOOL DIPLOMA, MORTUARY SCHOOL OFFICIAL TRANSCRIPT, OR BACHELOR'S DEGREE (WHICHEVER IS APPLICABLE)

HIGH SCHOOL/GED INSTITUTION ATTENDED (INCLUDE CITY AND STATE)	GRADUATION DATE (MM/DD/YY)

MORTUARY SCHOOL ATTENDED	DEGREE (OFFICIAL TRANSCRIPT REQUIRED)	GRADUATION DATE (MM/DD/YY)
SCHOOL FROM WHICH BACHELOR'S DEGREE OBTAINED (if applicable)	MAJOR	GRADUATION DATE (MM/DD/YY)

EXAMINATION INFORMATION

HAVE YOU PASSED AN NBE EXAM ADMINISTERED BY THE INTERNATIONAL CONFERENCE OF FUNERAL SERVICE EXAMINING BOARDS? IF YES, WHICH SECTION/MONTH/YEAR PASSED: _____	YES	☐	NO	☐
HAVE YOU PASSED AN EXAM ADMINISTERED BY THE ALABAMA BOARD OF FUNERAL SERVICE? IF YES, WHICH EXAM/MONTH/YEAR PASSED: _____	YES	☐	NO	☐
ARE YOU CURRENTLY ENROLLED IN AN ACCREDITED MORTUARY SCHOOL, IF YES LIST SCHOOL NAME: _____	YES	☐	NO	☐

***CERTIFIED COPIES OF YOUR NBE EXAM RESULTS MUST BE SENT TO THE BOARD FROM THE CONFERENCE**

APPRENTICESHIP WILL BE SERVED AT or WAS SERVED AT: (IF MORE THAN ONE LOCATION PLEASE ATTACH ON SEPARATE SHEET OF PAPER)

NAME OF ESTABLISHMENT	CONTACT NUMBER

PHYSICAL ADDRESS	CITY	STATE	ZIP

NAME AND LICENSE # OF LICENSED SUPERVISING FUNERAL DIRECTOR	NAME AND LICENSE # OF SUPERVISING EMBALMER
DATES OF TRAINING	DATES OF TRAINING

PREVIOUSLY LICENSED IN OTHER JURISDICTIONS

IF YOU HAVE EVER BEEN LICENSED, CERTIFIED, OR REGISTERED IN ANOTHER STATE OR JURISDICTION TO PRACTICE IN THE PROFESSION FOR WHICH YOU ARE NOW MAKING APPLICATION, PLEASE PROVIDE THE STATE(S) WHERE LICENSED_____

CREMATORY OPERATOR, BLOODBORNE PATHOGEN AND UNIVERSAL PRECAUTIONS (IF APPLICABLE)

CREMATORY OPERATOR CERTIFICATION PROVIDER	LOCATION	DATE COMPLETED
CREMATORY OPERATOR TRAINING	AL COURSE NUMBER	DATE COMPLETED
BLOODBORNE PATHOGEN/UNIVERSAL PRECAUTIONS PROVIDER	AL COURSE NUMBER	DATE COMPLETED

PAST DISCIPLINARY ACTION

HAVEYOU EVER HAD ANY LICENSE OR REGISTRATION TOPRACTICE EMBALMING, FUNERALDIRECTING OR CREMATION REVOKED, SUSPENDED, FINED, PLACED ON PROBATION, OR OTHERWISE DISCIPLINED IN THIS STATE OR ANY OTHER STATE OR JURISDICTION?	YES	☐	NO	☐
DO YOU HAVE ANY DISCIPLINARY ACTIONS PENDING?	YES	☐	NO	☐
HAVE YOU EVER VOLUNTARILY RELINQUISHED OR SURRENDERED A PROFESSIONAL LICENSE OR REGISTRATION TO PRACTICE EMBALMING, FUNERAL DIRECTING OR CREMATION WHILE UNDER INVESTIGATION OR AFTER INITIATION OF A DISCIPLINARY PROCEEDING AGAINST YOU OR THE LICENSE?	YES	☐	NO	☐
HAVE YOU EVER HAD ANY LICENSE/REGISTRATION APPLICATION TO PRACTICE FUNERAL SERVICES DENIED?	YES	☐	NO	☐

If you answered "yes" to any of the questions above, submit notices, orders, etc. from the appropriate regulatory board as well include a written statement/explanation relating to any disciplinary action.

CRIMINAL HISTORY

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR A FELONY IN THIS OR ANY OTHER STATE, LOCAL JURISDICTION, OR ANY OTHER FOREIGN COUNTRY, OR ARE CRIMINAL CHARGES CURRENTLY PENDING AGAINST YOU?	YES	☐	NO	☐

IF YES, ATTACH AN EXPLANATION THAT INCLUDES THE TYPE OF VIOLATION, THE DATE, CIRCUMSTANCES, LOCATION AND THE COMPLETE PENALTY RECEIVED. INCLUDE COPIES OF COURT DOCUMENTS, ARREST RECORDS, VERIFICATION OF RESTITUTION RECEIVED BY THE COURT, AND VERIFICATION OF SUCCESSFUL COMPLETION OF PROBATION. YOU MUST INCLUDE ALL MISDEMEANOR AND FELONY CONVICTIONS, REGARDLESS OF THE AGE OF THE CONVICTION INCLUDING THOSE WHICH HAVE BEEN SET ASIDE AND/OR DISMISSED. (TRAFFIC VIOLATIONS NEED NOT BE REPORTED)

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE READ THIS APPLICATION IN ITS ENTIRETY. THE RESPONSES AND ATTACHED MATERIALS I HAVE PROVIDED ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I FURTHER CERTIFY THAT I AM OF GOOD MORAL CHARACTER AND HAVE REVIEWED AND WILL ALWAYS COMPLY WITH ALL APPLICABLE STATE LAWS, RULES, AND REGULATIONS GOVERNING THE LICENSE I AM SEEKING TO OBTAIN. I HEREBY AUTHORIZE AND DIRECT ANY PERSON, AGENCY, FIRM, OR OTHER ENTITY TO RELEASE, UPON THE REQUEST OF THE ALABAMA BOARD OF FUNERAL SERVICE, ANY INFORMATION, COMMUNICATION, REPORT, RECORD, STATEMENT, RECOMMENDATION OR DISCLOSURE THAT MAY HAVE BEARING ON MY ELIGIBILITY FOR OR CONTINUANCE OF THE LICENSE FOR WHICH I AM APPLYING. I UNDERSTAND THAT BY SIGNING THIS APPLICATION I AM AUTHORIZING THE RELEASE OF INFORMATION ABOUT ME THAT MAY OTHERWISE BE PROTECTED OR CONFIDENTIAL. **AFFIDAVITS REQUIRED BY ALABAMA CODE 34-13-71, 34-13-91, AND 34-13-120.1 ARE ATTACHED HERETO AND MADE A PART OF THIS APPLICATION. (NOT REQUIRED FOR LICENSURE BY RECIPROCITY).**

I HEREBY APPLY FOR LICENSE AND IN SUPPORT OF SUCH APPLICATION SUBMIT AND ATTEST TO THE INFORMATION AND DATA SUPPLIED HEREWITH. I ALSO ATTACH HEREWITH THE REQUIRED APPLICATION FEE I HAVE READ AND UNDERSTAND THE PROVISIONS OF TITLE 34, CHAPTER 13, CODE OF ALABAMA 1975, AND ADMINISTRATIVE CODE 395, WHICH GOVERNS THE ISSUANCE AND MAINTENANCE OF THE LICENSE REQUESTED.

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

_____ (PRINT APPLICANT NAME)

_____ (APPLICANT SIGNATURE)

SUBSCRIBED AND SWORN TO BEFORE ME, A NOTARY IN THE STATE OF ALABAMA THIS_____DAY OF_____, 20_____.

SEAL

_____ NOTARY PUBLIC

_____ MY COMMISSION EXPIRES

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ALABAMA BOARD OF FUNERAL SERVICES

CHECK TO THE APPROPRIATE SECTION FOR US CITIZEN OR NON-CITIZEN, AND CHECK THE DOCUMENT THAT YOU ARE SUBMITTING TO PROVE U.S. CITIZENSHIP OR LAWFUL PRESENCE IN THE U.S.

	I am a United States (US) Citizen. I am submitting the attached copy of my document to prove citizenship/legal presence:
☐	Alabama Driver's License or Identification issued by Department of Public Safety
☐	Driver's License from other state that required proof of lawful presence
☐	Birth Certificate indicating US birth
☐	Valid US Passport
☐	A valid Uniformed Services Privileges and Identification Card
☐	Naturalization documents
☐	Certificate of citizenship
☐	Bureau of Indian Affairs identification
	I am NOT a United States Citizen. The copy of the document(s) to prove legal presence I am submitting (and attached to this checklist) is as follows:
☐	I-551 Permanent Resident Card (copy front and back)
☐	I-766 Employment Authorization Card (copy front and back)
☐	Other: (Explain)

IMMIGRATION:

Act No. 2011-535 as amended by Act No. 2012-491 and now codified as Section 31-13-1, et seq., of the Code of Alabama 1975 is referred to as Alabama's Immigration Law or the Beason-Hammon Act and imposes certain requirements on persons applying for or renewing a professional license. Specifically, Section 31-13-29 of the Code of Alabama 1975 requires that applicants applying for or renewing a professional license must demonstrate his or her United States citizenship, or if not a United States Citizen, his or her lawful presence in the United States. The Immigration Law also provides that a citizen shall not be required to demonstrate citizenship for subsequent transactions. Please see below for two lists of documents, one to demonstrate a person's United States citizenship or the other to demonstrate lawful presence in the United States. You must select your appropriate status, choose the appropriate document(s) from the list of documents, include a copy of the selected document(s) with this form and submit it with your application.

I CERTIFY UNDER PENALTY OF PERJURY THAT ALL REPRESENTATIONS MADE ON THIS FORM AND ATTACHMENTS ARE TRUE AND ACCURATE.

NAME:_____

SIGNATURE:_____

ALABAMA LAW ENFORCEMENT AGENCY

APPLICATION TO REVIEW ALABAMA CRIMINAL HISTORY RECORD INFORMATION

PERSONAL INFORMATION

Full Name *(First, Middle, Last, Suffix)*:_____ **Sex/Gender:** ☐ Male ☐ Female

Aliases/Nickname:_____

Applicant Current Address: _____

City:_____ **State:**_____ **Zip Code:**_____ **SSN:**_____

Date of Birth:_____ *(MM/DD/YYYY)* **Driver's License Number**:_____ **Issuing State**:_____

Race: ☐ White ☐ Black ☐ Asian ☐ Indian ☐ Other *(pleasespecify)* _____

Home Phone: (_____)_____ **Mobile Phone:** (_____)_____ **Work Phone:** (_____)_____

WORK INFORMATION

Employer Name:_____ **Employer Phone:** (_____)_____

Contractor Name:_____ **Contractor Phone:** (_____)_____

State Agency:_____ **Agency Phone:** (_____)_____

Work Email Address: _____

Job Role/Classification:_____ **Supervisor Name:** _____

Included with my Release are the following items:

- ☐ Completed Application signed by applicant and **two witnesses*OR*notarized**.
- ☐ The required copy of my valid photo identification.
- ☐ A classifiable copy of my own fingerprints taken by an authorized law enforcement agency as required.
- ☐ ***If applying for state employment/licensure/certification, reference that agency's fee requirements for a background check.***

AFFIDAVIT FOR RELEASE INFORMATION

I hereby authorize the Alabama Law Enforcement Agency to release any and all criminal history information to:

ALABAMA BOARD OF FUNERAL SERVICES, 4276 LOMAC STREET, MONTGOMERY, AL 36106

Name & Address of Requesting Agency or Authorized Agent*

I, the above referenced individual, hereby request to release any and all criminal history record information (CHRI) maintained by both the Alabama Law Enforcement Agency, the Federal Bureau of Investigation, and any information relating to my past record and character whether it be financial, academic, military, employment, judicial, or personal reference. I hereby release all parties contributing such information from any charges or liability whatsoever because of furnishing said information. By signing below and submitting this application, I hereby verify that the information listed in my application and in the attached documentation is correct. I also acknowledge that I understand that, in accordance with Section 41-9-601 of the Code of Alabama 1975, that any person who willfully requests, obtains or seeks to obtain criminal offender record information under false pretenses, or who willfully communicates or seeks to communicate criminal offender record information to any agency or person without authorization, may be guilty of a felony, and shall be fined not less than $5,000 nor more than $10,000 or imprisoned in the state penitentiary for not more than five years or both. § 41-9-601, Code of Ala. (1975). Furthermore, as set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34 I have the right to challenge or appeal any portion of my state and/or federal CHRI that I believe to be inaccurate (see "Appendix A" for contact information).

Applicant Signature_____ **Date** _____

Name of Witness_____ **Name of Witness** _____

Address of Witness_____ **Address of Witness** _____

City, State and Zip_____ **City, State and Zip**_____

Sworn to and subscribed before me this____day of_____, 20___.

Notary Signature_____ **My Commission Expires**_____**, 20___.**

FOR ALEA OFFICIAL USE ONLY: **TCN:**_____ **SID: AL**_____

Received By (Initials):_____/Date:___/__/_____Processed By (initials):_____/Date:___/ _/____

Walk-in/Hand Delivered_____Mailed_____ Status:_____Initials:_____Date: _/ / _

Billed:_____Paid:_____No Charge: _____

Check#:_____

Background Check Qty: Total: $_____

Certified Letter Qty: Total: $_____

SBI Form 46 Rev. 10-01-17

NOTICE OF PRIVACY DISCLOSURE STATEMENT

DISCLOSURE STATEMENT:

The following disclosure statement is to inform you of your rights as an applicant who is the subject of a criminal history record check for noncriminal justice purposes (licensure, certification, renewal, immigration, naturalization, security clearance, or adoption, etc.) pursuant to the Privacy Act of 1974, Title 5, U.S.C., Section 552a, and Title 28, CFR, Section 50.12.

_____, *hereby authorize the* ***ALABAMA BOARD OF FUNERAL SERVICES***

Print Name **Authorized Recipient**

to request and be the recipient of my criminal history information, to determine my suitability for licensure.

The fingerprints will be utilized to conduct a national and state criminal background check. The Authorized Recipient (AR) will obtain any and all criminal history information from the FBI and/or Alabama Law Enforcement Agency (ALEA).

If you have an incomplete and/or inaccurate criminal history record, employment will not be denied until the applicant has been afforded a "reasonable time" to correct or complete the record or has declined to do so.

The AR will use the criminal history record solely for the purpose requested and cannot disseminate the record outside the receiving department, related agency, or other authorized entity.

If agency policy permits, the AR may provide a copy of your federal/state criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, as set forth in Title 28 CFR, Section 16.34, applicant may challenge or appeal any portion of his/her own criminal history record information (CHRI) that he/she believes to be incomplete or inaccurate by contacting the Criminal Records & Identification Unit within ALEA at334-517-2450.

PRIVACY ACT STATEMENT:

This privacy act statement is located on the back of the FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Our Notice of Privacy Disclosure Statement provides information about how we may use and disclose federal/state criminal history record information about you. By signing this receipt, you acknowledge that you have reviewed, or have been given the opportunity to review, our Notice of Privacy Disclosure Statement.

_____ _____

Signature ***Date***

Alabama Board of Funeral Service
Exam Registration

PLEASE NOTE IF YOU DO NOT HAVE A COMPLETED APPLICATION FOR LICENSURE ON FILE WITH THE BOARD DO NOT SUBMIT THIS FOR. PLEASE REFER TO THE APPLICATION PACKET.

Please Print

First Name	Middle Name	Last Name	Date of Birth MM/DD/YY

Physical Residence Address	City	State	Zip

Mailing Address	City	State	Zip

Home Phone	Email

Funeral Director (National Board Exam-Arts) ☐	Submit fee to the Conference		**Embalmer (National Board Exam-Sciences)** ☐	Submit fee to the Conference	
Funeral Director (State Board Exam-Arts) ☐	Submit fee to the Conference		**Embalmer (State Board Exam-Sciences)** ☐	Submit fee to the Conference	
Funeral Director (Alabama Funeral Director Exam) *		☐	**Embalmer (Alabama Embalmer Exam) ***		☐
Funeral Director/Embalmer (Laws/Rules Exam)**		☐	**Crematorist (Laws/Rules Exam)****		☐

** The intended purpose of exams administered by the Board are for Alabama licensing only. Applicants acknowledge that the results of these exams may or may not be accepted by another state for reciprocity, endorsement, or any other purpose. Alabama Administrative Code 395-X-2-.09(7)*

*** If an applicant for a crematorist license is also applying for a funeral director and/or embalmer license, or is licensed as a funeral*

Scheduling: Please state the date in the space below that you would like to take selected exam(s) in accordance with the exam schedule. (requested date)_____

If applicant is not eligible for an exam(s), they will receive a deficiency letter listing the application deficiencies. If applicant is

Signature of applicant	Last 4 of social security number: XXX-XX-	Date:

Office Use Only

Payment Received:	CA, CK, CC, CCK, MO:

Scheduled Exam Date:	Posted:	Posted By:
Funeral Director Test Number:	Exam completed:	Score:
Embalmer Test Number:	Exam completed:	Score:
Funeral Director/Embalmer LRR Test Number:	Exam completed:	Score:
Crematorist LRR Test Number:	Exam completed:	Score:

PHYSICAL ADDRESS:
4276 LOMAC STREET
MONTGOMERY, ALABAMA 36106
WEBSITE: www.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

FUNERAL DIRECTOR AFFIDAVIT (TWO REQUIRED)

IN SUPPORT OF APPLICATION FOR INITIAL LICENSING AS FUNERAL DIRECTOR

"Two affidavits must be submitted signed by two different licensed funeral directors."

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
FUNERAL ESTABLISHMENT EMPLOYED BY			CONTACT NUMBER
BUSINESS ADDRESS	CITY	STATE	ZIP

THE FOLLOWING AFFIDAVIT IS SUBMITTED IN SUPPORT OF MY ORIGINAL LICENSE APPLICATION AS FUNERAL DIRECTOR IN ACCORDANCE WITH 34-13-71 CODE OF ALABAMA

TO BE EXECUTED BY LICENSED FUNERAL DIRECTOR

I DEPOSE AND SAY THE I HAVE KNOWN _____ FOR _____ YEARS AND HAVE PERSONAL KNOWLEDGE OF THIS PERSON'S GOOD CHARACTER AND REPUTATION. THIS APPLICANT HAS TO MY KNOWLEDGE AND OBSERVATION SATISFACTORILY PERFORMED THE DUTIES OF AN APPRENTICE FUNERAL DIRECTOR AT THE ESTABLISHMENTS LISTED BELOW FOR THE PERIODS SHOWN.

ESTABLISHMENT NAME	CITY	BEGINNING DATE	END DATE
ESTABLISHMENT NAME	CITY	BEGINNING DATE	END DATE
ESTABLISHMENT NAME	CITY	BEGINNING DATE	END DATE

I HAVE BEEN AND 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 DENIAL OR REVOCATION

PRINTED NAME OF LICENSED FUNERAL DIRECTOR	AL. LICENSE NUMBER
ADDRESS	CONTACT NUMBER
SIGNATURE OF LICENSED FUNERAL DIRECTOR	**DATE SIGNED**

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:
4276 LOMAC STREET
MONTGOMERY, ALABAMA 36106
WEBSITE: www.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

EMBALMER AFFIDAVIT (TWO REQUIRED)

IN SUPPORT OF APPLICATION FOR INITIAL LICENSING AS EMBALMER

" Two affidavits must be submitted signed by two different licensed embalmers."

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
FUNERAL ESTABLISHMENT EMPLOYED BY			CONTACT NUMBER
BUSINESS ADDRESS	CITY	STATE	ZIP

THE FOLLOWING AFFIDAVIT IS SUBMITTED IN SUPPORT OF MY ORIGINAL LICENSE APPLICATION AS EMBALMER IN ACCORDANCE WITH 34-13-91 CODE OF ALABAMA

TO BE EXECUTED BY LICENSED EMBALMER

I DEPOSE AND SAY THE I HAVE KNOWN _____ FOR _____ YEARS AND HAVE PERSONAL KNOWLEDGE OF THIS PERSON'S GOOD CHARACTER AND REPUTATION. THIS APPLICANT HAS TO MY KNOWLEDGE AND OBSERVATION SATISFACTORILY PERFORMED THE DUTIES OF AN APPRENTICE EMBALMER AT THE ESTABLISHMENTS LISTED BELOW FOR THE PERIODS SHOWN.

ESTABLISHMENT NAME	CITY	BEGINNING DATE	END DATE
ESTABLISHMENT NAME	CITY	BEGINNING DATE	END DATE
ESTABLISHMENT NAME	CITY	BEGINNING DATE	END DATE

I HAVE BEEN AND 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 DENIAL OR REVOCATION

PRINTED NAME OF LICENSED EMBALMER	AL. LICENSE NUMBER
ADDRESS	CONTACT NUMBER
SIGNATURE OF LICENSED EMBALMER	**DATE SIGNED**

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:
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

CREMATIONIST AFFIDAVIT (ONE REQUIRED)

IN SUPPORT OF APPLICATION FOR INITIAL LICENSING AS CREMATIONIST

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
FUNERAL ESTABLISHMENT EMPLOYED BY			CONTACT NUMBER
BUSINESS ADDRESS	CITY	STATE	ZIP

THE FOLLOWING AFFIDAVIT IS SUBMITTED IN SUPPORT OF MY ORIGINAL LICENSE AS CREMATIONIST IN ACCORDANCE WITH 34-13-120.1 CODE OF ALABAMA

TO BE EXECUTED BY CREMATORY OWNER

I DEPOSE AND SAY THE I HAVE KNOWN _____ FOR _____ YEARS AND HAVE PERSONAL KNOWLEDGE OF THIS PERSON'S GOOD CHARACTER AND REPUTATION. THIS APPLICANT HAS TO MY KNOWLEDGE RECEIVED ADEQUATE TRAINING TO PERFORM THE DUTIES OF A CREMATIONIST. I AM CURRENTLY THE OWNER OF THE BELOW STATED ESTABLISHMENT THAT IS LICENSED BY THE ALABAMA BOARD OF FUNERAL SERVICE.

ESTABLISHMENT NAME	CITY

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

PRINTED NAME OF CREMATORY OWNER	
ADDRESS	CONTACT NUMBER
SIGNATURE OF CREMATORY OWNER	**DATE SIGNED**

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

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

KAY IVEY
GOVERNOR

CHARLES PERINE
DIRECTOR

Apprentice Supervision Agreement

TO BE EXECUTED BY LICENSED FUNERAL DIRECTOR

I AGREE TO SUPERVISE _____AS AN APPRENTICE FUNERAL DIRECTOR. ENSURING THEY FOLLOW THE LAW AND RULES, AND ENSURING ALL ANNUAL REPORTS, SKILL EVALUATIONS, AND CASE REPORTS ARE SIGNED AND SUBMITTED. I UNDERSTAND THAT THE OBJECTIVE IS TO TRAIN AND PREPARE THIS APPRENTICE FOR LICENSURE. I HEREBY RECOMMEND THE APPROVAL OF THIS APPLICATION. I HAVE BEEN AND AM CURRENTLY LICENSED AS A FUNERAL DIRECTOR IN ALABAMA.

Funeral Director Signature | License Number | Date

Printed Name

TO BE EXECUTED BY LICENSED EMBALMER

I AGREE TO SUPERVISE _____ AS AN APPRENTICE EMBALMER. ENSURING THEY FOLLOW THE LAW AND RULES, AND ENSURING ALL ANNUAL REPORTS, SKILL EVALUATIONS, AND CASE REPORTS ARE SIGNED AND SUBMITTED. I UNDERSTAND THAT THE OBJECTIVE IS TO TRAIN AND PREPARE THIS APPRENTICE FOR LICENSURE. I HEREBY RECOMMEND THE APPROVAL OF THIS APPLICATION. I HAVE BEEN AND AM CURRENTLY LICENSED AS AN EMBALMER IN ALABAMA.

Embalmer Signature | License Number | Date

Printed Name

Subscribed and sworn to before me, a notary in the State of Alabama this _____day of _____, 20_____.

_____
Notary Public

_____
My Commission Expires