

ALABAMA BOARD OF FUNERAL SERVICE
MORTUARY SERVICE APPLICATION
(Submit Separate Application for each Establishment)

From: \_\_\_\_\_
(Name of Mortuary Service)

Bus. Address: \_\_\_\_\_
(Street & No.) (City) (State) (Zip) (Tel. No.)

Mailing Address: \_\_\_\_\_

Application is hereby submitted for license as a MORTUARY SERVICE under the provisions of Section 34-13-113, Code of Alabama, for the fiscal year ending September 30, 20\_\_\_. Attached hereto is License Fee of \$400.00 and 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 following data is submitted and attested:

1. The name and address of the Mortuary Service requested to be licensed is as stated above.

2. OPERATING EMBALMER: \_\_\_\_\_
(NAME) (LICENSE #)

\_\_\_\_\_  
(STREET ADDRESS/P.O. BOX) (CITY) (STATE) (ZIP) (PHONE)

3. The Mortuary Service is owned by (circle appropriate) INDIVIDUAL PROPRIETOR PARTNERSHIP CORPORATION L.L.C

4. If INDIVIDUAL PROPRIETOR OR PARTNERSHIP, give name and address of each owner:

\_\_\_\_\_  
(NAME) (ADDRESS) (CITY) (STATE) (ZIP) (PHONE)

If more than four, add under "Remarks" or attach a separate sheet of paper.

If CORPORATION or L.L.C, give corporate name and list officers: \_\_\_\_\_
Officers: (Corporate Name)

\_\_\_\_\_  
(NAME) (ADDRESS) (CITY) (STATE) (ZIP) (PHONE)

State, county, and date of incorporation: \_\_\_\_\_
(STATE) (COUNTY) (DATE)

5. I certify that the Mortuary Service and the physical plant, equipment, inventory, supplies, personnel and premises meet or exceed the minimum qualifications required by Law for certification and licensing.

6. I certify that the Mortuary Service has a sanitary properly equipped embalming room with a sanitary floor and necessary drainage and ventilation and containing hot and cold running water containing necessary approved tables, instruments and supplies for the preparation and embalming of dead human bodies.

Please Type or Print in Ink

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Mail to: P.O. Box 309522  
Montgomery, Al 36130

The Mortuary Service has at least one operating properly licensed motor vehicle equipped for transporting human remains in a casket or urn.

7. I certify that the Mortuary Service will perform embalming or cremation, or both, for a licensed funeral establishment and at no time will services or merchandise be sold directly or at retail to the public.

8. The Establishment is made of \_\_\_\_\_ construction. The approximate square footage of the main building is \_\_\_\_\_.

9. It is proposed that the Establishment will be opened on or about the date of \_\_\_\_\_.

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

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

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

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

Subscribed to and before me, a \_\_\_\_\_ in the State of Alabama this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary  
Seal

\_\_\_\_\_  
(NOTARY)

My commission expires \_\_\_\_\_

Remarks: