

Please Type or Print in Ink
Mail to: P.O. Box 309522
Montgomery, Al 36130

ALABAMA BOARD OF FUNERAL SERVICE
SPECIAL WORK PERMIT APPLICATION

| |
|-----------------------------------|
| OFFICE USE ONLY |
| <input type="checkbox"/> APPROVED |
| <input type="checkbox"/> DENIED |
| Expires: _____ |

Name: _____
(First) (Middle) (Last)

Residence Address: _____
(Street & No. / P.O. Box) (City, State Zip)

Business Address: _____
(Street & No. / P.O. Box) (City, State Zip)

Telephone Number: _____ Social Security #: _____

Date of Birth: _____ Place of Birth: _____

Name and Address of Funeral Establishment or Mortuary Service where employed:

(Name) (Street & No. / P.O. Box) (City, State Zip)

Name and Address of Managing Funeral Director at the Establishment where this work permit will be used:

(Name) (Street & No. / P.O. Box) (City, State Zip)

Name and Address of Managing Embalmer at the Establishment where this work permit will be used:

(Name) (Street & No. / P.O. Box) (City, State Zip)

Have you ever been convicted of a felony or misdemeanor, other than a traffic violation? YES NO If yes, please attach details.

I certify that I am a citizen of the United States or legally present in the United States? YES NO

I hereby apply for a Special Work Permit as a _____ Funeral Director and/or _____ Embalmer. I attest that the information and data supplied on this application is true and any false statement will cause the special work permit to be denied or revoke and the application for reciprocity to be denied. I also attach herewith the application fee of **\$25.00** for each permit. I have read and understand the provisions of Title 34, Chapter 13, Code of Alabama, 1975, which govern the issuance and maintenance of the License requested. I also understand that this license expires at the next regular Board meeting occurring after issuance and I must cease practice unless a Permanent License has been issued or I have reapplied for another Special Work Permit.

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

(Signature of Applicant)

(Signature of Managing Funeral Director)

(Signature of Managing Embalmer)

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

Seal

Notary Public
My Commission expires _____.