



## Alabama Board of Funeral Service Application for Permanent License

### **PART I. APPLICANT IDENTIFYING INFORMATION**

First Name	Middle Name	Last Name	Suffix
Social Security Number		Date of Birth MM/DD/YY	Male <input type="checkbox"/> Female <input type="checkbox"/>
Residence Address		City	State   Zip
Business Address		City	State   Zip
Home Phone	Work Phone	Cell Phone	
Email			
Place of Birth:			
<p><b>I certify that I am a citizen of the United States or legally present in the United States?</b> Yes___ No___</p> <p>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. Please see the attach forms 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, staple a copy of the selected document(s) to this form and return all of this information to this office.</p>			

**PART II. CERTIFICATION(S) OR LICENSE(S) APPLYING FOR:** Please check all that apply. **Please include all fees with application.**

Funeral Director (\$100.00):	_____	Funeral Director by Reciprocity (\$250.00):	_____
Embalmer (\$100.00):	_____	Embalmer by Reciprocity (\$250.00):	_____
Embalmer Special Work Permit (\$25.00):	_____	Funeral Director Special Work Permit (\$25.00):	_____

If seeking licensure through reciprocity, list state from which reciprocating: \_\_\_\_\_.

**Special Work Permits can only be applied for by individuals applying for licensure by reciprocity.**

I also understand that a Special Work Permit 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.



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**PART III. EDUCATION** List the educational institutions attended that satisfy the educational requirement for licensure and include a copy of your High School Diploma, Mortuary School official transcript, or Bachelor Degree (whichever is applicable).

High School/GED institution attended		Graduation Date ____ _ MM      DD      YY
Mortuary School Attended	Degree or Certificate <i>(Official Transcript Required)</i>	Graduation Date ____ _ MM      DD      YY
School from which Bachelor Degree Obtained (if applicable)	Major	Graduation Date ____ _ MM      DD      YY

### **PART IV. EXAMINATION INFORMATION**

Have you passed the National Board Exam (NBE) administered by The International Conference of Funeral Service Examining Boards (ICFSEB)?    Yes ____ No ____    Month/Year passed: _____ <i>*You must have a certified copy of your NBE results sent to the Alabama Board of Funeral Service directly from ICFSEB.</i>
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**PART V. APPRENTICESHIP HISTORY** You *must* include each establishment where interned. Please make a copy of this sheet and attach if necessary.

Name of Establishment: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone Number: _____ Name of Approved Supervisor: _____ Dates of Training: _____
Name of Establishment: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone Number: _____ Type of Internship: _____ Dates of Training: _____ Name of Approved Supervisor: _____



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Date of breaks in training within the past three years of which waiver of training time was requested and the reason thereof: \_\_\_\_\_ to \_\_\_\_\_

Reason:

**PART V. WORK HISTORY** List all funeral industry related employment chronologically within the last five years to the present. (May attach a separate sheet of paper for additional space). If you have never been employed, insert "N/A" for Not Applicable.

Name of Establishment: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Licensed Manager \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

May we contact the Licensed Manager? Yes \_\_\_ No \_\_\_

Name of Establishment: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Licensed Manager \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

May we contact the Licensed Manager? Yes \_\_\_ No \_\_\_

**PART VI. PREVIOUSLY LICENSED IN OTHER JURISDICTIONS** If you have ever been licensed, certified or registered to practice in the profession for which you are now making application, complete the information requested below. \*Under status: Please note if license is active, inactive, or lapsed. (*Failure to disclose information, may result in automatic denial.*) (May attach a separate sheet of paper for additional space)

Jurisdiction(s):	Type of license:	License number:	Effective dates of licensure:	Status:



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### **PART VII. PAST DISCIPLINARY ACTION** *Please initial next to Yes or No for each.*

Have you ever had any license or registration to practice embalming or funeral directing revoked, suspended, fined, placed on probation, or otherwise disciplined, in this state or any other state or jurisdiction? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

Do you have any actions pending? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

Have you ever voluntarily relinquished or surrendered a professional license or registration to practice embalming or funeral directing 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.*

### **PART VIII. CRIMINAL HISTORY** *Please initial next to Yes or No for each.*

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 and location, and the complete penalty received. Also 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).



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### PART XI. CERTIFYING STATEMENT

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 at all times 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 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 §34-13-71 and §34-13-91 (2 for each license applying for) are attached hereto and made a part of this application. (Not required for licensure by reciprocity.)**

I hereby apply for license for the fiscal year ending September 30, 20 \_\_\_\_ 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, which govern the issuance and maintenance of the License requested. **I UNDERTSAND THAT ANY FALSE STATEMENT GIVEN HEREIN WILL SUBJECT MY LICENSE TO REVOCATION.**

Seal \_\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant)

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

My Commission expires \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

### Office Use Only

Received:		Posted:		CA, CK, CC, CCK, MO:		Posted By:		Perm No.:	
								FD	EM
State Law Exam		Arts		Science		BD Approved:		Control No.:	
Date:		National	State	National	State			FD	EM
Score:		Date:		Date:		Ex. Sec. Approved:		Original Issued:	
		Score:		Score:		Sp Wk Permit:		Issued:	Expires:



## Alabama Board of Funeral Service Application for Permanent License

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, staple a copy of the selected document(s) to 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.

**REQUIRED SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**\_\_\_\_\_ I am a United States 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
- \_\_\_\_\_ Military Identification showing US as place of birth
- \_\_\_\_\_ Naturalization documents
- \_\_\_\_\_ Certificate of citizenship
- \_\_\_\_\_ Consular report of birth abroad of US citizen
- \_\_\_\_\_ Bureau of Indian Affairs identification
- \_\_\_\_\_ American Indian Card issued by Homeland Security
- \_\_\_\_\_ Final adoption decree showing person's name and place of US birth
- \_\_\_\_\_ A valid Uniformed Services Privileges and Identification Card
- \_\_\_\_\_ Extract from a United States hospital record of birth created at the time of the person's birth indicating the place of birth in the United States
- \_\_\_\_\_ Certification of birth issued by U S Department of State

**\_\_\_\_\_ 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-327 Re-entry Permit
- \_\_\_\_\_ I-551 Permanent Resident Card (copy front and back)
- \_\_\_\_\_ I-571 Refugee Travel Document
- \_\_\_\_\_ I-766 Employment Authorization Card (copy front and back)
- \_\_\_\_\_ I-94 Arrival/Departure Record
- \_\_\_\_\_ Unexpired Foreign Passport
- \_\_\_\_\_ Temporary I-551 Stamp (on passport or I-94)
- \_\_\_\_\_ I-20 Certificate of Eligibility for non-immigrant (F-1) student status
- \_\_\_\_\_ DS 2019 Certificate of Eligibility for Exchange Visitor (J-1) status
- \_\_\_\_\_ Machine - readable immigrant Visa (with temporary I-551 language)
- \_\_\_\_\_ Other: (Explain)