

PHYSICAL ADDRESS:  
 ALABAMA STATEHOUSE SUITE 106 11  
 SOUTH UNION STREET MONTGOMERY,  
 ALABAMA 36104

WEBSITE: [www.fsb.alabama.gov](http://www.fsb.alabama.gov)



MAILING ADDRESS:  
 P.O. BOX 309522  
 MONTGOMERY, AL 36130-9522

PHONE: 334-242-4049  
 FAX: 334-353-7988

**LICENSEE RENEWAL APPLICATION**

Renewal of Funeral Director and/or Embalmer and/or Practical Embalmer licenses for the period of October 1, 2017 through September 30, 2018, is now due. Please complete the information below and return with the appropriate fees to the Board office. **Please PRINT or TYPE all information!! This form must accompany your renewal fee.**

NAME: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_  
 CITY STATE ZIP CODE

MAILING ADDRESS: \_\_\_\_\_  
 CITY STATE ZIP CODE

EMAIL: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ARE YOU EMPLOYED BY A FUNERAL ESTABLISHMENT? YES \_\_\_ NO \_\_\_ PART TIME \_\_\_ FULL TIME \_\_\_

EATSBLISHMENT NAME: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

EATABLISHMENT ADDRESS: \_\_\_\_\_

Have you been convicted or plead guilty to a felony or misdemeanor, other than a traffic violation WITHIN THE PAST TWELVE MONTHS? YES \_\_\_ NO \_\_\_ If yes, please explain and attach OFFICAL COURT DOCUMENTS.

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

\_\_\_\_\_  
 (SIGNATURE OF APPLICANT)

LICENSE TYPE	PERMENANT LICENSE NUMBER	FEE
FUNERAL DIRECTOR	_____	\$100.00
EMBALMER	_____	\$100.00
PRACTICAL EMBALMER	_____	\$100.00

All renewal applications must be returned with fees by October 1, 2017. \*\*A penalty fee of **\$50.00** will be due on each license renewed after October 1, 2017 through October 31, 2017. After this period, any lapsed license may be reinstated only by complying with the provisions relating to the issuance of an original license, in addition to payment of all lapsed fees and penalties.

Office Use Only

Received:	Posted:	CA, CK, CC, CCK, MO:	Posted By:	Control No.:	
				FD	
				EM	