

ALABAMA BOARD OF FUNERAL SERVICE CREMATORY
REGISTRATION

(Submit Separate Application for each Crematory)

(Name of Funeral Establishment)

Physical Street Address: _____
(Street & No.) (City) (State) (Zip)

County: _____ District Number: _____

Mailing Address: _____

EMAIL Address: _____ Phone Number: _____

Application is hereby submitted for registration as a CREMATORY under the provisions of Section 34-13-120 Attached hereto is the Registration Fee of **\$200.00** and a description with photographs of the building(s), equipment, and facilities of the crematory. Applicant has read and understands and agrees to abide by the provisions of Title 34, Chapter 13, Code of Alabama, 1975 and Administrative Code 395, which governs the issuance of the registration requested. In support of this application, the following data is submitted and attested:

1. The name and physical address of the Funeral Establishment where the crematory is fixed on the premises requested to be registered is as stated above.

2. MANAGING CREMATIONIST (must be licensed as both a funeral director and cremationists by the Board):

(NAME)	(FD LICENSE #)	(CREMATIONIST #)
(PHYSICAL RESIDENCE ADDRESS)	(CITY)	(STATE) (ZIP) (PHONE)

3. Is the Funeral Establishment owned by an Individual Proprietor or Partnership? LIST name and address of each owner: (If not complete the application will not be processed)

INDIVIDUAL PROPRIETOR _____

PARTNERSHIP _____

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

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

4. Is the Funeral Establishment owned by a CORPORATION or L.L.C? List corporate or LLC name and list officers:

CORPORATION _____ LLC _____

Corporation or LLC Name: _____

Officers: (If not complete the application will not be processed)

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

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

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

- 5. Will the crematory do cremations for third parties? ____YES ____NO
- 6. I certify that the Establishment and the crematory, equipment, inventory, supplies, personnel and premises meet or exceed the minimum qualifications required by Law for certification and licensing.
- 7. I certify that the crematory has a holding room that is a minimum of 100 sq. ft. with nonporous walls and floors located within the crematory designated for the retention of human remains before and after cremation that is secured by locking doors with signs indicating "Employees Only". The holding room shall contain receptacles for soiled linen, or clothing and waste disposal. It shall have adequate lighting and shall be kept clean of blood and at no time shall be used as a storage area. Any openings shall be sealed to prevent odors from escaping into public areas.

The crematory has operable refrigeration which shall hold the remains of three deceased humans and shall maintain a constant temperature between 35 and 45 degrees Fahrenheit at all times, operable cremation chamber, operable processor, and operable ventilation unit in conjunction with the processor.

The crematory has a hand washing sink with hot and cold running water, and all other necessary equipment and supplies, in working condition needed to complete the cremation process.

The crematory shall at all time use combustible cremation containers that provide complete covering of all remains indicating the required identifying information of the human remains contained within as prescribed by the Board.

The crematory shall at all times use the internal identification system prescribed by the Board which shall be present with the remains throughout all phases of the cremation process.

The crematory shall have an authorization form containing language prescribed by the Board in addition to the State Identification form required to be present with the remains throughout all phases of the cremation process.

- 8. Cremation chamber is manufactured by? _____
- 9. Cremation chamber maximum operating temperature? _____
- 10. Number of certified cremationists? _____
- 11. The Establishment is made of _____ construction. The approximate square footage of the main building is _____.

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

(SIGNATURE)

(RELATIONSHIP TO ESTABLISHMENT)

(SOCIAL SECURITY NUMBER)

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

Notary Seal

(NOTARY)

My Commission Expires _____



ALABAMA BOARD OF FUNERAL SERVICE

www.fsb.alabama.gov

400 South Union Street, Suite 395 | (334)242-4049 PHONE
Montgomery, Alabama 36104 | (334) 353-7988 FAX

Email: info@fsb.alabama.gov

Managing Cremationist

_____, 20__

I _____ a licensed funeral director _____
(full name) (funeral director licensenumber)

And a licensed cremationist _____ accepts the duties and responsibilities
(cremationist license number)

as of _____ as the **Managing Cremationist** of
(date)

_____. I understand and affirm that I will be in full charge, control
(name of establishment)

and supervision of all activities involving cremation at the above-named funeral establishment as stated in §34-13-1

(a)(29) Code of Alabama, 1975 and Administrative Code 395.

(signature of licensed funeral director and cremationist)

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

Notary

My Commission Expires

