



ALABAMA BOARD OF FUNERAL SERVICE

www.fsb.alabama.gov

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Managing Embalmer

_____, 20____

I licensed embalmer _____
(full name) (Embalmer license number)

as of _____ accept the duties and responsibilities as the **Managing**
(date)

Embalmer of _____ I understand
(name of funeral establishment)

and affirm that I will be in full charge, control and supervision of all activities involving the preparation room and embalming at the above-named funeral establishment as stated in §34-13-1 (a)(30) Code of Alabama, 1975 and Administrative Code 395.

(signature of licensed embalmer)

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

Notary

My Commission expires

SEAL