



**ALABAMA BOARD OF FUNERAL SERVICE**  
400 SOUTH UNION STREET, SUITE 395, 36104/ P.O. BOX 309522 / MONTGOMERY, AL 36130-4115  
PHONE 334.242.4049 / WWW.FSB.ALABAMA.GOV

**KAY IVEY**  
GOVERNOR  
**CHARLES PERINE**  
DIRECTOR

July 1, 2020

To: Alabama Crematory Operators

From: Charles M. Perine

RE: Annual Cremation Reports

Enclosed are the forms for the annual reports for cremations. The report form is to list the total cremations performed from **October 1, 2019** through **October 1, 2020**, and contain the signature of an establishment representative who can verify that the information submitted is true and correct. The log form may be reproduced as needed to list each individual cremation performed. If your establishment already has a record or log that contains all the information listed on the enclosed form, you may submit a copy of that record. The annual report and cremation logs are due in the Board's office by **November 1, 2020**.

We would once again like to thank you for assisting us in the enforcement of our state's cremation laws. If you have any questions concerning the laws or the reports, please do not hesitate to contact us.

Enclosure

Sincerely,

Charles M. Perine  
Executive Director

ALABAMA BOARD OF FUNERAL SERVICE  
CREMATORIES ANNUAL REPORT

Establishment: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address) (City) (Zip Code)

Funeral Establishment Permanent License #: \_\_\_\_\_

Period covered by this report: \_\_\_\_\_ to \_\_\_\_\_

Total number of cremations performed during period covered: \_\_\_\_\_

CERTIFICATION

I hereby submit a list of the individual cremations performed at this establishment for the period reported. This list includes the name of the deceased, the identification number assigned, date of cremation, the name of the cremationist who performed the cremation, the funeral establishment or entity for whom the cremation was performed and the disposition of the cremated remains. I certify that the information provided herein and the information provided on the enclosed list is true and correct and is an accurate reflection of the activities of this crematory. I understand that the submission of any false or inaccurate information in this report could subject my personal and/or establishment license to suspension or revocation.

\_\_\_\_\_  
(Signature of Owner or Manager)

Sworn and subscribed to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Seal

\_\_\_\_\_  
(Notary)

# CREMATION LOG

Funeral Home: \_\_\_\_\_ Address: \_\_\_\_\_ Crematory Registration Number: \_\_\_\_\_

CREMATIONS From \_\_\_\_\_, 20\_\_ To \_\_\_\_\_, 20\_\_

No.	Name of Deceased	Identification	Date of	Start Time	End	Cremation Performed	Disposition Of	Signature of
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								
19.								
20.								

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