

Please Type or Print in Ink

**AFFIDAVIT
(TWO REQUIRED)**

(In Support of Application for Initial Licensing as Embalmer)

To: THE ALABAMA BOARD OF FUNERAL SERVICE

Applicant Name: _____
(First) (Middle) (Last)

Physical Residence Address: _____
(Address) (City, State, Zip, Telephone Number)

Business Address: _____
(Address) (City, State, Zip, Telephone Number)

The following affidavit is submitted in support of my first original License as EMBALMER under section 34-13-91, Code of Alabama, 1975.

TO BE EXECUTED BY LICENSED EMBALMER

I depose and say that I have known _____ for _____ years
(Name of Applicant)

and have personal knowledge of this person's good character and reputation. This applicant has to my knowledge and observation satisfactorily performed the duties of Apprentice EMBALMER for _____ years at the following establishments for the periods shown:

_____ (Establishment Name)	_____ (City)	FROM	_____ (Dates)	TO
_____ (Establishment Name)	_____ (City)	FROM	_____ (Dates)	TO
_____ (Establishment Name)	_____ (City)	FROM	_____ (Dates)	TO

I have been and am currently licensed as an Embalmer in Alabama. My Alabama License No. is _____.

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

(Printed name of licensed Embalmer)

(Signature of Licensed Embalmer)

(Address) (Telephone No.)

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

Notary Public

My Commission expires _____.

Seal