Please Type or Print in Ink
Please Read Instructions

Form—F.D.A.

AFFIDAVIT (two required)

(In Support of Application for Initial Licensing as Funeral Director)

TO: THE ALABMA BOARD OF FUNERAL SERVICE

From:_____
(First) (Middle) (Last)

Res. Address:_____
(Street & No./P.O. Box) (City) (State) (ZIP) (Tel. No.)

Bus. Address:_____
(Street & No./P.O. Box) (City) (State) (ZIP) (Tel. No.)

The following affidavit is submitted in support of my first or original License as FUNERAL DIRECTOR under Section 34-13-71, Code of Alabama, 1975.

TO BE EXECUTED BY LICENSED EMBALMER OR LICENSED FUNERAL DIRECTOR

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

for _____years 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 FUNERAL DIRECTOR for _____ years at the following establishments for the periods shown:

_____From_____to_____
(Establishment Name) (Address) (Dates)

_____From_____to_____
(Establishment Name) (Address) (Dates)

_____From_____to_____
(Establishment Name) (Address) (Dates)

I have been and am currently Licensed as an EMBALMER or FUNERAL DIRECTOR in Alabama. My Alabama License No. is _____

I UNDERSTAND THAT ANY FALSE STATEMENT GIVEN HEREIN WILL SUBJECT MY ALABAMA LICENSE AS EMBALMER or FUNERAL DIRETOR TO REVOCATION.

_____
(Sign Full Name)

_____
(Address) (Tel No.)

Subscribed to and sworn before, a _____in the State of Alabama this _____

day of_____, 20_____.

Notary
Seal
Here

_____
(Notary-Other)

My Commission expires_____