Please Type or Print in Ink
Please Read Instructions

Form—EMB

APPLICATION

(For Permanent License as Embalmer)

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.)

I hereby apply for License as an EMBALMER for fiscal year ending September 30, 20_____and in support of such application submit and attest to the information and data supplied herewith. I also attach herewith application fee of **$50.00**. I have read and understand, and agree to abide by the provisions of Title 34, Chapter 13, Code of Alabama, 1975, which govern the issuance and maintenance of the License requested. I am a citizen of the United States.

Date of Birth_____Place of Birth_____Social Security Number_____

Name and address of Establishment at which training was received_____

_____Trained from_____to_____

Name and address of Establishment at which training was received_____

_____Trained from_____to_____

I graduated from_____(Mortuary School) on _____,_____
(Date)

I attach herewith transcript or certificate of graduation from the above school.

I hereby certify that I am presently qualified by training and experience as prescribed by Title 34, Chapter 13 to receive the License hereby applied for.

Dates of breaks in training within the past three years of which waiver of training time was requested and the reasons thereof:_____

_____to_____.

Affidavits required by Section 34-13-91 are attached hereto and made a part of this application.

Have you ever been convicted of a felony or misdemeanor, other than a traffic violation?_____

If yes, attach details.

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

_____
(Signature of Applicant)

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

_____day of _____,20_____.

_____
(Notary-Other)

Notary
Seal
Here

My commission expires_____