

Please Type or Print in Ink
Mail to: P.O. Box 309522
Montgomery, Al 36130

ALABAMA BOARD OF FUNERAL SERVICE
APPLICATION
FOR PERMANENT LICENSE AS EMBALMER

FORM- EMB

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

Residence Address: _____
(Street & No. / P.O. Box) (City, State Zip)

Business Address: _____
(Street & No. / P.O. Box) (City, State Zip)

Telephone Number: _____ Social Security #: _____

Date of Birth: _____ Place of Birth: _____

I graduated from _____ (Mortuary School). Date of Graduation: _____

Attach herewith a transcript or certificate of graduation from the above school.

Name and Address of Funeral Establishment where employed:

(Name) (Street & No. / P.O. Box) (City, State Zip)

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. Under the provision of §34-13-91 and 92 of the Code, I submit the following data as to training and experience as an Apprentice Embalmer:
Name and Address of Funeral Establishment at which training was received:

(Name) (Street & No. / P.O. Box) (City, State Zip)

Trained from: _____ to _____

Name and Address of Funeral Establishment at which training was received:

(Name) (Street & No. / P.O. Box) (City, State Zip)

Trained from: _____ to _____

Date of breaks in training within the past three years of which waiver of training time was requested and the reason thereof:

_____ to _____ Reason: _____

Have you ever been convicted of a felony or misdemeanor, other than a traffic violation? YES NO If yes, please attach details.

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

I hereby apply for license as an EMBALMER for the 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 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. **I UNDERTSAND THAT ANY FALSE STATEMENT GIVEN HEREIN WILL SUBJECT MY LICENSE TO REVOCATION.**

(Signature of Applicant)

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

Seal

Notary Public

My Commission expires _____.