

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
05-2015

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: _____

EMAIL Address: _____

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 certify that I am a citizen of the United States or legally present in the United States? YES NO

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

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\$100.00. 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 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 _____.

Office Use Only

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|----------------|--|----------|-------|------------------|-------|--------------------|--|------------------|--|
| Received: | | Posted: | | CA, CK, CCK, MO: | | Posted By: | | Perm No.: | |
| State Law Exam | | Arts | | Science | | BD Approved: | | Control No.: | |
| Date: | | National | State | National | State | | | | |
| Score: | | Date: | | Date: | | Ex. Sec. Approved: | | Original Issued: | |
| | | Score: | | Score: | | | | | |