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 FUNERAL DIRECTOR

FORM– F.D.
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 have a certificate of High School graduation or its equivalent GED Certificate: ☐ YES ☐ NO

Date of Diploma or Certificate: _____

I have a certificate of completion from an accredited mortuary or funeral service school as having completed a course of instruction in funeral arts from _____ (Mortuary School).

Date of Completion: _____

I have a bachelor degree or higher from an accredited university or school. ☐ YES ☐ NO

Date of Completion: _____

Attach herewith a transcript, diploma, bachelor degree, or certificate of completion from the above school.

Name and Address of High School or of the Institution or Agency that granted Diploma or GED Certificate:

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

Name and Address of Funeral Establishment where employed:

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

Under the provision of §34-13-71 and 72 of the Code, I submit the following data as to training and experience as an Apprentice Funeral Director.:
Name and Address of Funeral Establishment at which training was received (if more than one establishment please list on a separate attach sheet of paper):

_____ _____ _____
(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: _____

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 FUNERAL DIRECTOR

FORM– F.D.

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

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

Affidavits required by §34-13-71 are attached hereto and made a part of this application.

I hereby apply for license as a FUNERAL DIRECTOR 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 **$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

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:			