

ALABAMA BOARD OF FUNERAL SERVICE
CREMATIONIST TRAINING CERTIFICATION

Establishment: _____

Address: _____
(Street Address) (City) (Zip Code)

Pursuant Section 34-13-120(b), Code of Alabama, (1975), I hereby certify that the following individual(s) have received adequate and appropriate training as a cremationist and that the cremationist(s) listed herein are authorized to perform cremations conducted at this establishment. Also provided is the source of training that each cremationist received. I understand that the submission of false or inaccurate information concerning the cremationist or the source of training could subject my personal and/or establishment license to suspension or revocation.

(Name of Cremationist)

(Source of Training)

(Signature of Owner or Manager)

Sworn and subscribed to me this _____ day of _____, 20_____.

Notary Seal

(Notary)