

ALABAMA BOARD OF FUNERAL SERVICE  
CREMATORIES ANNUAL REPORT

Establishment: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address) (City) (Zip Code)

Funeral Establishment Permanent License #: \_\_\_\_\_

Period covered by this report: \_\_\_\_\_ to \_\_\_\_\_

Total number of cremations performed during period covered: \_\_\_\_\_

CERTIFICATION

I hereby submit a list of the individual cremations performed at this establishment for the period reported. This list includes the name of the deceased, the identification number assigned, date of cremation, the name of the cremationist who performed the cremation, the funeral establishment or entity for whom the cremation was performed and the disposition of the cremated remains. I certify that the information provided herein and the information provided on the enclosed list is true and correct and is an accurate reflection of the activities of this crematory. I understand that the submission of any false or inaccurate information in this report could subject my personal and/or establishment license to suspension or revocation.

\_\_\_\_\_  
(Signature of Owner or Manager)

Sworn and subscribed to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Seal

\_\_\_\_\_  
(Notary)