

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**

Received:		Posted:		CA, CK, CCK, MO:		Posted By:		Interview Date:	
State Law Exam		Arts		Science		Perm No.:		Control No.:	
Date:		National	State	National	State				
Score:		Date:		Date:		Original Issued:			
		Score:		Score:					