

ALABAMA BOARD OF FUNERAL SERVICE  
MORTUARY SERVICE RENEWAL APPLICATION

Mail to: P.O. Box 309522  
Montgomery, AL 36130

**PLEASE TYPE OR PRINT**

MORTUARY NAME: \_\_\_\_\_ LICENSE No.: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ PHONE No.: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

Application is hereby submitted for renewal of license as funeral establishment operator under the provision of Section 34-13-53, Code of Alabama, 1975, for the **fiscal year ending September 30, 20\_\_**. The annual renewal fee of **\$250.00** is included. Any renewal application submitted after October 1<sup>st</sup> shall include a **\$50.00** penalty fee.

MANAGING EMBALMER:

\_\_\_\_\_  
Name Address License#

TYPE OF OWNERSHIP: Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ LLC \_\_\_\_\_

\*\*If Proprietorship or Partnership, list name(s) of owner(s). If Corporation or LLC, list **corporate name**, officers, and titles of those officers. (If additional space is needed, please provide information on an enclosed sheet.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
I understand that any false information will subject my license to suspension or revocation.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
RELATIONSHIP TO ESTABLISHMENT

Sworn and subscribed before me, a Notary Public in State of Alabama on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Seal

\_\_\_\_\_  
Notary

My Commission Expires: \_\_\_\_\_

Office Use Only

Received:	Posted:	CA, CK, CCK, MO:	Posted By:	Control No.:
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