

ALABAMA BOARD OF FUNERAL SERVICE
CHANGE OF OWNERSHIP APPLICATION
(Submit Separate Application for each Establishment)

(Name of Funeral Establishment)

Physical Address: _____
(Street & No.) (City) (State) (Zip)

County: _____ District: _____

Mailing Address: _____

EMAIL Address: _____ Phone Number: _____

Name of Establishment and Owner that is being bought out:

Application is hereby submitted for license as a FUNERAL ESTABLISHMENT under the provisions of Section 34-13- 111, Code of Alabama, for the fiscal year ending September 30, 20_____. Attached hereto is License Fee of **\$250.00** and a redacted copy of the **Assets Purchase Agreement**. Applicant has read and understand and agrees to abide by the provisions of Title 34, Chapter 13, Code of Alabama, 1975, and Administrative Code 395, which governs the issuance of the License requested.

In support of this application, the following data is submitted and attested:

1. The name and address of the Funeral Establishment requested to be licensed is as stated above.

2. MANAGING FUNERAL DIRECTOR: _____
(NAME) (LICENSE #)

(PHYSICAL RESIDENCE ADDRESS) (CITY) (STATE) (ZIP) (PHONE)

3. MANAGING EMBALMER: _____
(NAME) (LICENSE #)

(PHYSICAL RESIDENCE ADDRESS) (CITY) (STATE) (ZIP) (PHONE)

4. Is the Establishment owned by Individual proprietor or Partnership? Give name and address of each owner:
(if not complete the application will not be processed)

INDIVIDUAL PROPRIETOR _____ PARTNERSHIP _____

(NAME) (ADDRESS) (CITY) (STATE) (ZIP) (PHONE)

(NAME) (ADDRESS) (CITY) (STATE) (ZIP) (PHONE)

(NAME) (ADDRESS) (CITY) (STATE) (ZIP) (PHONE)

If more than three, add under "Remarks" or attach a separate sheet of paper

5. Is the Establishment owned by a CORPORATION or L.L.C? List corporate name, officer's names and addresses:

CORPORATION _____ LLC _____

Corporate or LLC Name: _____

Officers: (if not complete the application will not be processed)

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(NAME)	(ADDRESS)	(CITY)	(STATE)	(ZIP)	(PHONE)
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(NAME)	(ADDRESS)	(CITY)	(STATE)	(ZIP)	(PHONE)

State, county, and date of incorporation: _____
(STATE) (COUNTY) (DATE)

- 6. Will this Establishment sell Pre-Need Funerals? YES NO If YES, Certificate of Authority # _____
- 7. Does this establishment have a crematory on the premises? YES NO
- 8. Will the crematory do cremations for third parties? YES NO
- 9. Will embalming occur at this establishment? YES NO If No, list the establishment where embalming will occur:

If embalming will not occur at this establishment, I certify that the establishment has a holding room that meets the following requirements: under the same ownership as the embalming facility; is within a 25 mile radius of the embalming facility located in this state; non-porous floors and walls; hot and cold running water; equipped with a aspirator, trocar, nasal tube aspirator, aspirating hoses, and adequate drainage; containers for soiled linen, clothing, and waste disposal; and adequate lighting.

- 10. I certify that the Establishment and the physical establishment, equipment, inventory, supplies, personnel and premises meet or exceed the minimum qualifications required by Law for certification and licensing.
- 11. I certify that the Establishment has a sanitary properly equipped embalming room with a sanitary floor and necessary drainage and ventilation and containing hot and cold running water containing necessary approved tables, instruments and supplies for the preparation and embalming of dead human bodies.

The Establishment has at least one properly licensed funeral coach or hearse equipped for transporting casketed human remains.

The Establishment has a room suitable for public viewing or other funeral service that is able to accommodate a minimum of 100 people.

The Establishment has an arrangement office.

The Establishment has a display room containing a stock of adult caskets and funeral supplies displayed in full size, cuts photographs, or electronic images.
- 12. The Establishment is made of _____ construction. The approximate square footage of the main building is _____.

Please Type or Print in Ink

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

13. I certify that I am (owner) a citizen of the United States or legally present in the United States? YES NO
(Complete attached forms.)

14. It is proposed that the Establishment will be opened on or about the date of _____.

I UNDERSTAND THAT ANY FALSE STATEMENT GIVEN HEREIN WILL SUBJECT MY LICENSE TO DENIAL OR REVOCATION.

(SIGNATURE)

(RELATIONSHIP TO ESTABLISHMENT)

(SOCIAL SECURITY NUMBER)

Subscribed to and before me, a Notary in the State of Alabama this day _____ of _____, 20_____.

Notary
Seal

(NOTARY)

My Commission Expires _____

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COMPLIANCE REQUIREMENTS

(This original form and required attachments must be submitted with your application.)

IMMIGRATION:

Act No. 2011-535 as amended by Act No. 2012-491 and now codified as Section 31-13-1, et seq., of the Code of Alabama 1975 is referred to as Alabama's Immigration Law or the Beason-Hammon Act and imposes certain requirements on persons applying for or renewing a professional license. Specifically, Section 31-13-29 of the Code of Alabama 1975 requires that applicants applying for or renewing a professional license must demonstrate his or her United States citizenship, or if not a United States Citizen, his or her lawful presence in the United States. The Immigration Law also provides that a citizen shall not be required to demonstrate citizenship for subsequent transactions. Please see the two lists of documents, one to demonstrate a person's United States citizenship or the other to demonstrate lawful presence in the United States. You must select your appropriate status, choose the appropriate document(s) from the list of documents, staple a copy of the selected document(s) to this form and submit it with your application.

CONFIRMATION OF PREFERRED MAILING AND E-MAIL ADDRESSES:

Please fill out the information below. **PLEASE PRINT LEGIBLY.**

ESTABLISHMENT NAME: _____

NAME: _____

(Owner or Individual who will be signing application and renewal notices.)

Preferred Address: _____

E-mail Address: _____

I certify under penalty of perjury that all representations made on this form and attachments are true and accurate.

REQUIRED SIGNATURE: _____ **DATE:** _____

ABFS	
DR _____	DF _____
License(s) #: _____	Notes:
EST #: _____	
INT: _____	

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Alabama Immigration Law/ Beason-Hammon Act

- I am a United States (US) Citizen. I am submitting the attached copy of my document to prove citizenship/legal presence:
- Alabama Driver's License or Identification issued by Department of Public Safety
- Driver's License from other state that required proof of lawful presence
- Birth Certificate indicating US birth
- Valid US Passport
- Military Identification showing US as place of birth
- Naturalization documents
- Certificate of citizenship
- Consular report of birth abroad of US citizen
- Bureau of Indian Affairs identification
- American Indian Card issued by Homeland Security
- Final adoption decree showing person's name and place of US birth
- A valid Uniformed Services Privileges and Identification Card
- Extract from a United States hospital record of birth created at the time of the person's birth indicating the place of birth in the United States
- Certification of birth issued by US Department of State
- I am NOT a United States Citizen. The copy of the document(s) to prove legal presence I am submitting (and attached to this checklist) is as follows:
- I-327 Re-entry Permit
- I-551 Permanent Resident Card (copy front and back)
- I-571 Refugee Travel Document
- I-766 Employment Authorization Card (copy front and back)
- I-94 Arrival/Departure Record
- Unexpired Foreign Passport
- Temporary I-551 Stamp (on passport or I-94)
- I-20 Certificate of Eligibility for non-immigrant (F-1) student status
- DS 2019 Certificate of Eligibility for Exchange Visitor (J-1) status
- Machine-readable immigrant Visa (with temporary I-551 language)
- Other: (Explain)

Signature of Applicant _____

Date _____

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Managing Embalmer

_____, 20____

I _____ licensed embalmer _____
(full name) (Embalmer license number)

as of _____ accept the duties and responsibilities as the **Managing**
(date)

Embalmer of _____ . I understand
(name of funeral establishment)

and affirm that I will be in full charge, control and supervision of all activities involving the preparation room and embalming at the above-named funeral establishment as stated in §34-13-1 (a)(30) Code of Alabama, 1975 and Administrative Code 395.

(signature of licensed embalmer)

Subscribed and sworn to before me, a Notary in the State of Alabama this _____ day of _____, 20____.

Notary _____

My Commission expires _____

SEAL

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Managing Funeral Director

_____, 20____

I _____ licensed funeral director _____
(full name) (funeral director license number)

as of _____ accept the duties and responsibilities as the **Managing**
(date)

Funeral Director of _____ . I understand
(name of funeral establishment)

and affirm that I will be in full charge, control and supervision of all activities involving funeral directing at the above-named funeral establishment as stated in §34-13-1 (a)(31) Code of Alabama, 1975 and Administrative Code 395.

(signature of licensed funeral director)

Subscribed and sworn to before me, a Notary in the State of Alabama this _____ day of _____, 20____.

Notary _____

My Commission expires _____

SEAL