

Please Type or Print in Ink

**AFFIDAVIT**

(In Support of Application for Initial Licensing as Cremationist)

To: THE ALABAMA BOARD OF FUNERAL SERVICE

Applicant Name: \_\_\_\_\_  
(First) (Middle) (Last)

Physical Residence Address: \_\_\_\_\_  
(Address) (City, State, Zip, Telephone Number)

Business Address: \_\_\_\_\_  
(Address) (City, State Zip, Telephone Number)

The following affidavit is submitted in support of my first original License as CREMATIONIST under section 34-13-120.1, Code of Alabama, 1975.

**TO BE EXECUTED BY A CREMATORY OWNER**

I depose and say that I have known \_\_\_\_\_ for \_\_\_\_\_ years  
(Name of Applicant)

and have personal knowledge of this person's good character and reputation. This applicant has to my knowledge received adequate training to perform the duties of a CREMATIONIST.

I am currently the owner of the above stated establishment that is licensed by the Alabama Board of Funeral Service. I UNDERSTAND THAT ANY FALSE STATEMENT GIVEN HEREIN WILL SUBJECT MY ALABAMA ESTABLISHMENT LICENSE TO DENIAL OR REVOCATION.

\_\_\_\_\_  
(Signature of Crematory Owner)

\_\_\_\_\_  
(Address) ( Telephone No.)

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

Seal

\_\_\_\_\_  
Notary Public  
My Commission expires \_\_\_\_\_