

Please Type or Print in Ink

ALABAMA BOARD OF FUNERAL SERVICE
APPLICATION
ESTABLISHMENT NAME CHANGE

Mail to:
P.O. Box 30952
Montgomery, AL 36130

To: THE ALABAMA BOARD OF FUNERAL SERVICE

From: _____
(Name of Current Establishment) (License No.) (Phone No.)

(Address of Current Establishment) (City) (Zip Code)

1. Pursuant to sections 34-13-111 and 114, Code of Alabama 1975, Application is hereby made to accomplish change of name of the above named Funeral Establishment as follows:

(A) New Name and Address of the establishment is:

(Requested Name of Establishment) (Phone Number)

(Establishment Address) (City) (Zip Code)

(B) Name and permanent license number of Managing Funeral Director:

(Name: First, Middle, Last) (License Number)

(C) Name and permanent license number of Managing Embalmer:

(Name: First, Middle, Last) (License Number)

(D) Name Change License Fee of \$25.00 is enclosed.

(E) The effective date of the Name Change is: _____

(Signature of Managing Funeral Director/Owner) (Date)