

To: Alabama Board of Funeral Service
From: _____

Alabama Board of Funeral Service
P.O. Box 309522
Montgomery, AL 36130

CERTIFICATION
(Not to be filled by applicant)

I, _____, Secretary of the _____

(Name and Address of State Board)

certify that _____ was granted Funeral Director License Number _____
(Name of Applicant)

on the _____ day of _____, _____ and Embalmer License Number _____ on the
_____ day of _____, _____, and that said license(s) are currently active or valid and

has been renewed through the _____ day of _____, _____.

TYPE OF EXAMINATION ADMINISTERED (National Board, State Board, etc.):

FUNERAL DIRECTOR _____ SCORE _____

EMBALMER _____ SCORE _____

OTHER _____ SCORE _____

Has applicant ever received disciplinary action against his/her licenses (if yes, provide details) _____.

I hereby certify that the information submitted herein is true and correct based on the records of our State Board.

(Name)

(Title)

Seal of Board

(Date)