



AFDA Fifty-Year Service Pin Application

If you have been a licensed funeral director since January 1969, you are eligible to receive your 50-Year Service Pin.

Name: _____ Age: _____ Date of Birth _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Email Address: _____

Employment History

Name of Last Funeral Home Where You Were Employed: _____

Address: _____ City: _____ State: _____

Dates of Employment – Must Be Specific: From: _____ To: _____

Complete Dates Required: Month, Date, Year

Name of First Funeral Home Where You Were Employed: _____

Address: _____ City: _____ State: _____

Dates of Employment – Must Be Specific: From: _____ To: _____

Complete Dates Required: Month, Date, Year

Name of Second Funeral Home Where You Were Employed: _____

Address: _____ City: _____ State: _____

Dates of Employment – Must Be Specific: From: _____ To: _____

Complete Dates Required: Month, Date, Year

Presently, I am an: Active Practitioner Owner Employee Retired Date: Complete Date Required _____

Education

Name of Mortuary School Attended: _____

Date of Graduation: *Please Be Specific* _____

Funeral Directors License Number: _____ Embalmers License Number: _____

Prior to 1975, Give Your: Apprentice License No. _____ Funeral Directors License No. _____

Embalmers License No. _____

As verification for your Twenty-Five Year Service Pin, please provide us with copies of any of the following documents:

Original License Apprentice License School Diploma Payroll Records from 1st Job In Funeral Service

Affidavit from first employer, employer's spouse, other employees working with you at that time, ministers or other community leaders.

As noted earlier, all applications and supporting documentation must be received by the committee no later than thirty (30) days prior to the Annual Meeting in June for consideration. For presentation at the 2019 Convention, all applications must be received on or before **May 18, 2019**.

For Further Information, Please Call: 334-956-8000

Completed applications and supporting documents should be directed to the:
The Alabama Funeral Directors Association
7956 Vaughn Road / Postal Mail Box 380
Montgomery, Alabama 36116

Miscellaneous Information

Are you a veteran? Yes No Branch of Service _____

Dates of Service: _From: _____ To: _____

Have you ever held office in the Alabama Funeral Directors Association? Yes No

Office(s) Held: _____ Dates: _____

_____ Dates: _____

_____ Dates: _____

_____ Dates: _____

Other than military service, have you ever had a break in your funeral service career? Yes No

Please Explain: _____

Personal History

Married Never Married Widowed Anniversary Date:

Spouse's Name: _____ Number of Children: _____

Number of Grandchildren: _____ Number of Great Grandchildren: _____

Please list the names of other family members who were or who are presently in the funeral profession:
