



TWENTY YEAR CERTIFICATE APPLICATION

Name: _____ Age: _____ DOB: _____-_____-_____

Home
Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

EMPLOYMENT HISTORY

Name of Last Funeral Home where you were employed: _____

Address: _____ City: _____ State: _____

Dates of Employment: From: _____-_____-_____ Through: _____-_____-_____

Name of First Funeral Home where you were employed _____

City: _____ State: _____ From: _____-_____-_____ Through: _____-_____-_____

Name of Second Funeral Home where you were employed: _____

City: _____ State: _____ From: _____-_____-_____ Through: _____-_____-_____

Are you Presently:

- Active Owner Employee Retired (Give Date _____-_____-_____)

EDUCATION

Name of Mortuary School Attended:

Date of Graduation: _____-_____-_____

Funeral Directors License # _____ Embalmers License # _____

Prior to 1975 Give Apprentice # _____ FD# _____ EMB# _____

As verification for your twenty year certificate, 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 spouse, other employees working with you at that time, ministers or other community leaders.

On a separate sheet, please list any other remarks or information you would like to share with the committee.

ALL APPLICATIONS MUST BE RECEIVED BY THE COMMITTEE NO LATER THAN 30 DAYS PRIOR TO THE MID-WINTER (JANUARY) OR ANNUAL (JUNE) MEETING FOR CONSIDERATION.

**Mail Completed Application and Documentation to: AFDA
1236 Cullman Shp Ctr NW # 313
Cullman, AL 35055-2856**

For More Information Call: 256-735-4260

VERIFICATION

Are you a Veteran? Yes No Branch of Service:

Dates of Service: From: _____ - _____ - _____ Through: _____ - _____ - _____

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

What Office? _____ Dates: _____

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

Explain:

DOCUMENTATION

Married Never Married Widowed Anniversary Date _____ - _____ - _____

Spouses Name: _____ Number of Children: _____

Number of Grandchildren: _____ Number of Great Grandchildren: _____

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

