



**ALABAMA DEPARTMENT OF INSURANCE**

Preneed Division  
201 Monroe Street, Suite 502  
Montgomery, AL 36130-3351

<b>The Preneed Certificate Holder of the Branch Applicant is a:</b> (Check appropriate box below)	
<input type="checkbox"/>	Funeral Establishment
<input type="checkbox"/>	Cemetery Authority
<input type="checkbox"/>	Combination Funeral/Cemetery
<input type="checkbox"/>	Third-Party Seller

**PRENEED BRANCH REGISTRATION - RENEWAL APPLICATION**  
**RENEWAL YEAR\* BEGINNING JULY 1, 20\_\_\_\_\_**  
**FORM AL-PNB-R (REVISED 04/2015)**

**THIS APPLICATION MUST BE RECEIVED BY THE ALABAMA DEPARTMENT OF INSURANCE ON OR BEFORE JULY 1 FOR THE CURRENT RENEWAL YEAR\*.**

**MAIL THIS APPLICATION TO:**  
ACCOUNTING DIVISION  
P. O. BOX 303351  
MONTGOMERY, ALABAMA 36130-3351

_____ NAME OF BRANCH REGISTRANT		_____ D/B/A NAME (if applicable)	_____ BR#
_____ ADDRESS OF BRANCH REGISTRANT		_____ TELEPHONE #	
_____ FAX NUMBER	_____ E-MAIL ADDRESS		_____ NAME OF CONTACT/NUMBER
_____ NAME OF CERTIFICATE HOLDER		_____ COA #	

Does the Branch Registrant conduct business at any additional locations under this Branch Registration?  Yes  No. If Yes, list all locations on a separate page. The list should include the address and telephone number of each location, the branch registrant number, and whether it is a funeral establishment, cemetery authority, third-party seller.

Has there been a change in ownership of the entity holding the branch registration?  Yes  No. If yes, describe the change on a separate page.

Since filing last year's renewal application, has the name, address, telephone number or email address of the Branch Registrant changed?  Yes  No. If the answer is yes, please describe the changes on a separate page.

Type of Organization:  Individual  Partnership  LLC  LLP  C Corp  S Corp  
Branch Type:  Funeral Establishment  Cemetery Authority  
 Combination Funeral/Cemetery  Third-Party Seller

**\*Current Renewal Year is from July 1 of the present year until June 30 of the following year.**

**PRENEED BRANCH REGISTRATION - RENEWAL APPLICATION**

**If you hold a certificate of authority or branch registration as an individual/sole proprietor, or as an individual/partner in a general partnership, you must check the appropriate box below and provide the required documentation. Each and every individual partner constituting a partnership must complete this page and provide the appropriate documentation.**

[ ] I declare that I am a citizen of the United States. Please attach a copy of ONE of the following (see Ala. Code § 31-13-29(g)):

- Driver's license or other non-driver identification card
- Birth certificate
- United States passport or United States naturalization documentation
- Other proof of United States citizenship as defined in Ala. Code § 31-13-29(g)

[ ] I declare that I am not a citizen of the United States but that I am lawfully present in the United States and am eligible to engage in a public records transaction under Ala. Code § 31-13-29. Eligibility will be verified through the Systematic Alien Verification for Entitlements program operated under the United States Department of Homeland Security or by other verification with the United States Department of Homeland Security. Please attach a copy of ONE of the following (see Ala. Code § 31-13-3(10)):

- Valid, unexpired Alabama driver's license or unexpired Alabama non-driver identification card
- Valid federal or state government issued identification document bearing a photograph or other biometric identifier
- Other proof of lawful presence as defined in Ala. Code § 31-13-3(10)

**PLEASE SIGN AND DATE BELOW.**

I, as the certificate holder or the representative authorized to sign on behalf of the certificate holder, certify that the above information, including the attached financial statement, is true and correct to the best of my knowledge and belief. I certify that I have complied with all of the requirements of Chapter 27-17A, Code of Alabama, 1975 and request renewal of the Preneed Certificate of Authority. I understand that any person who knowingly presents false or fraudulent information to the Commissioner of Insurance or his representative, willfully fails to timely make deposits to trust, or knowingly withdraws unauthorized funds or assets from a trust may be guilty of a felony under Alabama Law and subject to restitution, fines, loss of any or all certificates of authority or other applicable licenses, prison or any combination thereof.

\_\_\_\_\_  
Signature of Certificate Holder/Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name