



# SIXTY-YEAR PIN 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 # \_\_\_\_\_

As verification for your sixty year 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 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.

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**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, # 313  
Cullman, AL 35053**

**For More Information Call: 334-322-3428**

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_