



Certificate of Fulfillment

Instructions:

Fax to: Administrative Systems, Inc. (ASI)
Fax Number (800) 469-0702

With copy of Death Certificate or newspaper
obituary with dateline

CERTIFICATE OF FULFILLMENT

Funeral Home _____ ID # _____

Beneficiary Name _____

Preneed Funeral Contract Number _____

I hereby certify on behalf of the Funeral Home identified above that all services, merchandise and cash advance items identified in the above referenced agreement have been delivered and the referenced Preneed Funeral Contract has been fully performed. This authorizes and instructs Alabama Funeral Directors Preneed Management Corporation as Trustee to release funds.

ASI and the Alabama Funeral Directors Pre-need Management Corporation are hereby authorized to accept the facsimile of the signature below as if the same had been by the hand of the authorized representative of the Funeral Home.

Date: ____ / ____ / ____

For the Funeral Home