



# 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

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## 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 Association 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