



Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

MARYLAND BOARD OF MORTICIANS AND FUNERAL DIRECTORS

4201 PATTERSON AVENUE • BALTIMORE, MD 21215 • (410) 764 - 4792 • (410) 358-6571 FAX

APPLICATION FOR COURTESY CARD LICENSE

(Requirements per COMAR 10.29.08 and Title 7-311)

| Included | Required Documents |
|--------------------------|--|
| <input type="checkbox"/> | Letter of Good Standing from all states/countries where you are licensed to practice Mortuary Science or Funeral Service |
| <input type="checkbox"/> | Criminal background check receipt (do not submit confidential results, which will be sent directly to the BOMFD) |
| <input type="checkbox"/> | FBI Privacy Act Statement Acknowledgement form |

In addition to the original, notarized application and non-refundable \$600, the above documents are required for a Courtesy Card License and must be received THREE (3) weeks in advance of the scheduled Board Meeting for consideration.

- ❖ [Pay \\$600 Application Fee](#)
- ❖ [Submit Application](#)



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(Requirements per COMAR 10.29.08 and Title 7-311)

Please print clearly. All sections must be completed. The non-refundable application fee is \$600.

NAME: _____

HOME ADDRESS: _____

MAILING ADDRESS: **(Please select one):** ☐ HOME ☐ WORK

TELEPHONE NUMBER: _____

HOME (____) _____ WORK: (____) _____ CELL (____) _____

SOCIAL SECURITY NO.: _____ BIRTH DATE: _____
(Please contact the Board immediately if you are unavailable to provide a SSN or TIN)

RACE (Please circle all applicable; for statistical purposes only):

☐ – White ☐ – African American ☐ – American Indian ☐ – Asian ☐ – Hispanic ☐ – Other

EMAIL ADDRESS: _____

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____

EMPLOYER PHONE NUMBER: (_____) _____

PROVIDE THE FOLLOWING INFORMATION FOR LICENSES HELD IN OTHER STATES (A letter of good standing from any other states where you are licensed to practice Mortuary Science or Funeral Service **must be sent** directly to the Maryland Board of Morticians and Funeral Directors):

| | | | |
|-------|-------------|-------|-------------|
| STATE | LICENSE NO. | STATE | LICENSE NO. |
| STATE | LICENSE NO. | STATE | LICENSE NO. |

FOR INITIAL APPLICANTS, CHECK YES OR NO IN THE BOX NEXT TO EACH QUESTION. **ATTACH A DETAILED EXPLANATION** FOR EACH QUESTION ANSWERED YES.

YES NO

- | | | | |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1) | Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice in your profession? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2) | Has any licensing or disciplinary board in any jurisdiction, or an entity of the Armed services, denied your application for licensure, reinstatement or renewal; taken any action against your license, including but not limited to, reprimand, suspension, revocation, fine or non-judicial punishment? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3) | Have you surrendered or allowed your license to lapse while under investigation by a licensing or disciplinary board in any jurisdiction or an entity of the Armed Services? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4) | Are you currently under investigation or have any complaints or charges been brought against you or are currently pending, in any jurisdiction, by any licensing or disciplinary board or entity of the Armed Services? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5) | Have you ever been convicted, pled guilty, or received probation before judgment of any criminal act or for driving while intoxicated, or for a controlled dangerous substance offense (excluding minor traffic violations)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6) | Have you been diagnosed with a physical or mental condition which may affect your ability to practice the profession of mortuary science? |

Applicant Signature

I certify that the above statements, to the best of my knowledge and belief are true, correct, complete, and made in good faith. I will not advertise in, establish a place of business in, conduct funerals, solicit business, including writing contracts, in the State of Maryland, under penalty of revocation of this privilege. I may participate in a funeral conducted by a Maryland licensed mortician. I do solemnly swear to perform my duties in compliance with all laws, rules, and regulations of the Maryland State Department of Health, the Maryland Board of Morticians and Funeral Directors, and the State of Maryland.

Signature of Applicant

STATE: _____

CITY/COUNTY: _____

I HEREBY CERTIFY that on this _____ day of _____, 20_____, before me, a

Notary Public of the State and City/County aforesaid, personally appeared _____
Applicant

and made oath in due form of law that signing the foregoing Application for Licensure was the voluntary

act and deed of _____.
Applicant

AS WITNESSETH my hand and Notarial Seal.

SEAL

Notary Public

My Commission Expires: _____