



Maryland

DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

MARYLAND BOARD OF MORTICIANS AND FUNERAL DIRECTORS

4201 PATTERSON AVENUE • BALTIMORE, MD 21215 • (410) 764 – 4792

APPLICATION FOR CORPORATION LICENSE RENEWAL

(Requirements per COMAR 10.29.03, 10.29.04 and Title 7-309)

Please print clearly. All sections must be completed. Corporation licenses expire on November 30th every two years. The nonrefundable renewal fee is \$975.

- [Pay \\$975.00 Renewal Payment](#)
- [Pay \\$400.00 Late Fee](#)
- [Submit Renewal Application](#)

SECTION I - GENERAL INFORMATION

License No. C: _____

Corporation Name: _____

Establishment Address: _____

Mailing Address (if applicable): _____

Establishment Telephone Number: _____ Fax Number: _____

Email Address: _____

Federal Employer Identification No.: _____

The Health Occupations Article, §1-202, requires that you verify that you are complying with the Maryland Workers' Compensation Act. This section **must be completed** for your renewal license to be issued. I hereby certify that:

I am exempt because I do not employ anyone in my establishment.

I employ one or more persons in my establishment and have the following coverage (**attach certificate of compliance or provide information below**):

Name of Insurance Company: _____

Policy or Binder Number: _____ Expiration Date: _____

SECTION II - CORPORATION DESCRIPTION

A. **Officers and Positions:** Attach additional pages if necessary.

Name	Position	Address

B. **Business Structure Ownership:** (List all names of any individual, corporation, or other business entities, which either directly or indirectly hold an ownership interest of ten percent (10%) or more in the corporation or business entity that operates the funeral establishment ownership interest in the establishment. Attach additional pages if necessary.)

Name of Partner 1: _____ License No: _____

Name of Partner 2: _____ License No: _____

Name of Partner 3: _____ License No: _____

C. **Licensees:** (List all the Maryland licensed morticians and funeral directors your establishment employs. Attach additional pages if necessary.)

Name of Supervising Mortician: _____ License No.: _____

Name: _____ License No.: _____

Name: _____ License No.: _____

D. **Apprentices:** List all apprentices that you employ. Attach additional pages if necessary. N/A

Apprentice Name: _____ Sponsor's Name: _____

Apprentice Name: _____ Sponsor's Name: _____

Apprentice Name: _____ Sponsor's Name: _____

VERIFIED APPLICATION UNDER PENALTIES OF PERJURY

I HEREBY DECLARE that I am a mortician licensed in the State of Maryland and approved by the State Board of Morticians and Funeral Directors, and I agree to perform the actual and personal responsibilities of a supervising mortician.

I further declare that I will advise the Board of any termination or cessation of my responsibilities as supervising mortician **within 10 calendar days** of the change per **COMAR 10.29.03.03**.

Signature of Supervising Mortician

M: _____

License Number

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 _____

Licensee

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

act and deed of _____.

Licensee

AS WITNESSETH my hand and Notarial Seal.

SEAL

Notary Public

My Commission Expires: _____