



## DEPARTMENT OF HEALTH

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

#### APPLICATION FOR CREMATORIAL PERMIT

*(Requirements per COMAR 10.29.17)*

Included	Required Documents
<input type="checkbox"/>	State Department of Assessments & Taxation (SDAT) Good Standing letter - <i>(initial AND renewal applications)</i>
<input type="checkbox"/>	State Department of Environment licenses - <i>(initial AND renewal applications)</i>
<input type="checkbox"/>	Copy of license/permit/registration held in any other state(s)
<input type="checkbox"/>	IRS EIN letter
<input type="checkbox"/>	Letter(s) of Good Standing of license/permit/registration held in any other state(s)
<input type="checkbox"/>	Notarized Supervising Crematory Operator Agreement form - <i>(initial AND renewal applications)</i>
<input type="checkbox"/>	Current Worker's Compensation insurance policy, if applicable
<input type="checkbox"/>	Liability insurance policy (declaration page)
<input type="checkbox"/>	Cremator manufacturer certification
<input type="checkbox"/>	<input type="checkbox"/> Record of cremation form <input type="checkbox"/> Cremation authorization form <i>(initial AND renewal applications)</i> <input type="checkbox"/> Certificate of cremation form <input type="checkbox"/> Delegation of authority form <i>(initial AND renewal applications)</i>
<input type="checkbox"/>	Return of cremated human remains certificate - <i>(initial AND renewal applications)</i>
<input type="checkbox"/>	Burial transit permit
<input type="checkbox"/>	Receipt for human remains
<input type="checkbox"/>	BOMFD inspection report <b>(Successfully Passed)</b>

In addition to the original, notarized application and \$350.00 application fee, the above documents are required and must be received three (3) weeks in advance of the scheduled Board Meeting for consideration.



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**APPLICATION FOR CREMATORIAL PERMIT**

*(Requirements per COMAR 10.29.17)*

**Please print clearly.** All sections must be completed. The non-refundable permit application fee is \$350.  
A crematory permit expires on September 30th every two years.

- ❖ [Pay \\$350.00 Fee \(Initial & Renewal\)](#)
- ❖ [Submit Initial Application](#)
- ❖ [Renewal Late Fee \\$200.00](#)
- ❖ [Submit Renewal Application](#)

**PLEASE SELECT ONE:**     Initial

Renewal: Permit No. **CR:** \_\_\_\_\_

**SECTION I - GENERAL INFORMATION**

Name of Crematory: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address of Crematory: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Federal Employer Identification No: \_\_\_\_\_

Corporate Structure: \_\_\_\_\_

Name of Manager: \_\_\_\_\_

Supervising Crematory Operator Name: \_\_\_\_\_ License No. **RC:** \_\_\_\_\_

**SECTION II - BUSINESS STRUCTURE**

Name of Owner(s): \_\_\_\_\_

Business Structure: \_\_\_\_\_

President Name: \_\_\_\_\_

Vice President Name: \_\_\_\_\_

Secretary Name: \_\_\_\_\_

Treasurer Name: \_\_\_\_\_

**SECTION III - LICENSING INFORMATION**

A. Other license/permit/registration numbers held in Maryland:

1. \_\_\_\_\_
2. \_\_\_\_\_

B. Other license/permit/registration numbers held in another state(s):

1. \_\_\_\_\_
2. \_\_\_\_\_

#### **SECTION IV - ESTABLISHMENT DESCRIPTION**

A. Number of Human Cremators: \_\_\_\_\_ Manufacturer(s): \_\_\_\_\_

B. Last Manufacturer Inspection Date: \_\_\_\_\_ Next Inspection Due: \_\_\_\_\_

C. Viewing Room:  Yes  No Fire Department Occupancy: \_\_\_\_\_

D. Name of Liability Insurance Company: \_\_\_\_\_

#### **SECTION V - REGISTERED CREMATORY OPERATORS EMPLOYED**

List all employed Crematory Operators. Use a separate sheet if necessary. Submit a separate application and fee for new Crematory Operators.

Name: \_\_\_\_\_ License No. RC: \_\_\_\_\_

#### **Notice for Mailing List**

The information collected on this application form is collected for the purposes of the Maryland Board of Morticians and Funeral Directors' functions under Maryland Health Occupations Code Annotated, Title 7. Failure to provide the information may result in denial of your application. You have a right to inspect, amend, and request correction of this information. The Board may permit inspection of this information or make it available to others only as permitted by Federal and State law. Under the Maryland Public Information Act, Maryland State Government Code Annotated §10-617, the Board may provide, for a fee, a list of licensees' names and addresses to professional associations and other entities. You may request in writing that your name be omitted from such lists.

#### **Notice**

Maryland and Federal laws require that the Maryland Board of Morticians and Funeral Directors obtain the social security number or federal tax identification number of any person applying for a professional license for the following purposes:

- Administration of the Child Support Enforcement Program (Md. Code Ann., Family Law Article § 10-119.3).

- Identification by the Maryland Department of Assessments and Taxation of new businesses in the State (Md. Code Annotated, Health Occupations § 1-210).
- Comply with federal law which authorizes state governments to use or disclose Social Security numbers in connection with tax matters, including compliance with the payment of taxes (42 U.S.C.A. § 405(c)(2)(C)(i)).

The Board may permit inspection of this information only in accordance with State and federal law.

**VERIFIED APPLICATION UNDER PENALTIES OF PERJURY**

I certify that the above statements, to the best of my knowledge and belief are true, correct, complete, and made in good faith. If a crematory permit is granted, I solemnly swear that the crematory operated under this permit will be operated strictly in compliance with all laws, rules, and regulations of the State Department of Health, the Maryland Board of Morticians and Funeral Directors, and the State of Maryland.

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**Owner or Co-Owner Signature**

**Date**

**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**

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**Notary Public**

**My Commission Expires:** \_\_\_\_\_



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### SUPERVISING CREMATORY OPERATOR AGREEMENT FORM

(10-1) "Supervising Crematory Operator" means a Crematory Supervisor who is a registered crematory operator and who is responsible to the State Board of Morticians and Funeral Directors for compliance with the Cremation Statute and Regulations for all operations of a crematory.

I \_\_\_\_\_, Permit No. RC \_\_\_\_\_, understand that:  
**Supervising Crematory Operator**

I shall be the supervising crematory operator of said crematory and shall, therefore, be responsible for all transactions conducted within the crematory and throughout its entire scope of services, including responsibilities for all advertisements made in connection with said permit. I further understand that I shall be physically present on an as-needed basis to perform the supervision of crematory operations and disposal of dead human bodies by cremation.

I agree that I shall be personally responsible for cremations serviced by \_\_\_\_\_  
**(Name of Crematory)**, and the employees of the establishment. I further agree that the crematory operated under this permit shall be equipped, maintained, and conducted strictly in compliance with the laws of the State of Maryland, in particular, with the Crematory Statute, Title 5, Section 450, Health Occupations Article, Maryland Annotated Code and the corresponding regulations, and all applicable Federal Trade Commission (FTC Funeral Rules) and OSHA rules. I further affirm that should my authority for the acceptance of such responsibility cease, I will immediately notify the Board.

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\_\_\_\_\_  
Signature of Supervising Crematory Operator\*

\* requires notarization (next page)

## NOTARIZATION

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 \_\_\_\_\_  
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

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\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_