



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

**MARYLAND BOARD OF MORTICIAN AND FUNERAL DIRECTORS**

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

**APPLICATION FOR FUNERAL ESTABLISHMENT LICENSE RENEWAL**

**Please print clearly.** All sections must be completed. The non-refundable renewal fee is \$700.

- [Pay \\$700 Renewal Payment](#)
- [Pay \\$400 Late Fee](#)
- [Submit Renewal Application](#)

**TYPE OF LICENSE REQUESTED** (select one):  Full Service  Restricted

**SECTION I - GENERAL INFORMATION**

License No. **E:** \_\_\_\_\_

Establishment Name: \_\_\_\_\_

Trade Name (if applicable): \_\_\_\_\_

Establishment Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mailing Address (if applicable):  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

Supervising Mortician Name: \_\_\_\_\_

License No. **M:** \_\_\_\_\_

The Health Occupations Article, §1-202, requires that you verify that you are complying with the Workmen Compensation Law. I hereby certify that (select one):

- 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:

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**SECTION II - LOCATION OPERATING OUT OF (Restricted ONLY)**

Establishment Name: \_\_\_\_\_

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

Establishment License No. E: \_\_\_\_\_

**SECTION III - ESTABLISHMENT DESCRIPTION****A. Scope of Service:** select all that apply.

Arrangements     Cremation     Embalming     Services     Transportation  
 Viewings                     Other: \_\_\_\_\_

**B. Building Owner(s):** List all owners.

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_

**C. Business Structure Ownership:** List all names of individuals or entities which have, directly or indirectly, **at least 10% ownership interest** in the establishment.

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

**D. Proprietorship:** List all owners.  N/A

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

**E. Partnership:** List all partners. **Attach** additional pages if necessary.  N/A

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

**F. Professional Association:** List all names of each member of the Professional Association. The Corporations and Associations Article Annotated Code Maryland, 5-117 (a) requires that all of the officers of a professional corporation, except the secretary and treasurer, must be licensees. **Attach** additional pages if necessary.  N/A

Name and Title: \_\_\_\_\_ License No.: \_\_\_\_\_  
Name and Title: \_\_\_\_\_ License No.: \_\_\_\_\_  
Name and Title: \_\_\_\_\_ License No.: \_\_\_\_\_

**G. Corporation:** List all names of the Officers. The Corporations and Associations Article Annotated Code Maryland, 5-117 (a) requires that all of the officers of a professional corporation, except the secretary and treasurer, must be licensees. **Attach** additional pages if necessary.  N/A

Name and Title: \_\_\_\_\_ License No.: \_\_\_\_\_  
Name and Title: \_\_\_\_\_ License No.: \_\_\_\_\_

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Name and Title: \_\_\_\_\_ License No.: \_\_\_\_\_

**H. Licensees:** List all individuals licensed by the Board of Morticians and Funeral Directors who are either associated with, employed by, or supervised in your establishment. **Attach** additional sheets if necessary.  N/A

Name: \_\_\_\_\_ License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name: \_\_\_\_\_ License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name: \_\_\_\_\_ License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**I. Other Establishments:** (List all funeral service businesses and restricted funeral establishment operating out of the Funeral Home)  N/A

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

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

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

**Notice for Mailing List**

The information collected on this application form is 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 funeral establishment license is granted, I solemnly swear that the establishment operated under this license 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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There is a \$150 fee for an establishment name change per COMAR 10.29.04.02AA. In accordance with COMAR 10.29.04.02BB, there is a \$50 fee for failure to comply with an inspection for the first offense and a \$100 fee under COMAR 10.29.04.02CC for failure to comply with future inspections.

In accordance with the Health Occupation Article, Title 7, §7-310(b)(2), "An application for a funeral establishment license shall be signed by a licensed individual who is not an apprentice but is the owner or co-owner of the establishment to be licensed."

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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:** \_\_\_\_\_



## DEPARTMENT OF HEALTH

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# **SUPERVISING MORTICIAN AGREEMENT FORM**

(10-1) "Supervising mortician" means a mortician who is responsible to the State Board of Morticians and Funeral Directors for compliance with the Maryland Morticians Act for all operations of a funeral establishment including, but not limited to, the administration of pre-need accounts.

I \_\_\_\_\_, License No.: M \_\_\_\_\_, understand that I  
*Supervising Mortician Printed Name*

shall be the supervising mortician of said establishment and shall, therefore, be responsible for all transactions conducted within the establishment and throughout its entire scope of services, including responsibilities for all advertisements made in connection with said establishment. I further understand that I shall be physically present on an as-needed basis to perform the supervision of funeral arrangements, to conduct funerals and dispose of dead human bodies by burial or cremations. I agree that I shall be personally responsible for funerals serviced by

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*Establishment Name and Number* establishment,

and the employees of the establishment. I further agree that the funeral establishment operated under this license shall be equipped, maintained and conducted strictly in compliance with the laws of the State of Maryland, in particular, with the Morticians Act, Title 7, Health Occupations Article, Maryland Annotated Code, 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.

***Supervising Mortician Signature\****

\* requires notarization

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**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: \_\_\_\_\_