



## DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

**20 FUNERAL DIRECTION ASSISTS** - Provide a corresponding published notice, a service program or screenshot of the website indicating date of service for each Funeral Direction, and a copy of the final death certificate (**MUST include the file date, file number, and registrar's signature**).

*Please DO NOT use plastic sleeves or paper clips.*

	NAME	DATE OF DEATH	DATE OF BURIAL
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

Rev. 9/18/2020

**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 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.

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**Apprentice Signature**

**Date**

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**Sponsor 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**

\_\_\_\_\_ **and made oath in due form of law that signing the foregoing**

**Application for Licensure was the voluntary act and deed of** \_\_\_\_\_.

**AS WITNESSETH my hand and Notarial Seal.**

**SEAL**

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**Notary Public**

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

Revised: 10/15/2020