



## DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

### MARYLAND BOARD OF MORTICIANS AND FUNERAL DIRECTORS

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

#### APPLICATION FOR FUNERAL DIRECTOR LICENSE

(Requirements per COMAR 10.29.09.04 and Title 7-303)

Received	Required Documents
<input type="checkbox"/>	Completed Matrix and supporting documents for participation in twenty (20) Funeral services- <b>notarized</b> . Documents to include: <ul style="list-style-type: none"> <li>a. Filed copy of the death certificate (must include file date and registrar’s name)</li> <li>b. Obituary/Death Notice, Service Program or Screenshot of the website with the URL indicating the date of service</li> </ul>
<input type="checkbox"/>	Completed Matrix for Practical Experience in Funeral Service Arrangements; <b>requires participation</b> in four (4) each of the following type of arrangements: <ul style="list-style-type: none"> <li>a. Pre-need arrangements</li> <li>b. At Need funeral arrangements – Burial</li> <li>c. Cremation arrangements</li> <li>d. Graveside Service/Immediate Burial arrangements</li> </ul>
<input type="checkbox"/>	Completion of 1000 hours - <b>notarized</b>
<input type="checkbox"/>	Certified College Transcripts for Mortuary Science Degree
<input type="checkbox"/>	Official National Board Exam Scores ( <b>Successfully Passed</b> ) sent directly to the Board of Morticians and Funeral Directors
<input type="checkbox"/>	Jurisprudence Exam – BOMFD ( <b>Successfully Passed</b> )

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



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APPLICATION FOR FUNERAL DIRECTOR LICENSE

(Requirements per COMAR 10.29.09.04 and Title 7-303)

Please print clearly. All sections must be completed. Funeral Director licenses expire November 30th every two years. The non-refundable application fee is \$600. Please make checks or money orders payable to The Maryland Board of Morticians and Funeral Directors, 4201 Patterson Avenue, Baltimore, Maryland 21215.

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

MAILING ADDRESS: (Please circle one) HOME WORK

PHONE NUMBER: HOME (\_\_\_\_) \_\_\_\_\_ WORK (\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_) \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

(There is a statutory requirement that you disclose your social security number. It will be used for identification purposes only.)

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

1 – White 2 – African American 3 – American Indian 4 – Asian 5 – Hispanic 6 – Other

EMAIL ADDRESS: \_\_\_\_\_

APPRENTICE LICENSE NO. A: \_\_\_\_\_ 1,000 HOURS BEGAN \_\_\_\_\_ ENDED \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

EMPLOYER TELEPHONE NUMBER: \_\_\_\_\_

ESTABLISHMENT LICENSE NO. E: \_\_\_\_\_

SPONSOR'S NAME: \_\_\_\_\_ LICENSE NO: M \_\_\_\_\_

NAME OF MORTUARY COLLEGE: \_\_\_\_\_

DATE OF GRADUATION: \_\_\_\_\_ DEGREE TYPE RECEIVED: \_\_\_\_\_

DATE NATIONAL BOARD EXAM COMPLETED: \_\_\_\_\_

DATE MARYLAND JURISPRUDENCE (LAW) EXAM COMPLETED: \_\_\_\_\_

PROVIDE THE FOLLOWING INFORMATION FOR LICENSES HELD IN OTHER STATES ( N/A):

STATE	LICENSE NO.	STATE	LICENSE NO.

CHECK 'YES' OR 'NO' IN THE BOX NEXT TO EACH QUESTION BELOW. ATTACH A DETAILED EXPLANATION FOR EACH QUESTION ANSWERED 'YES'.

YES      NO

- 1)      Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice in your profession?
- 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?
- 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?
- 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?
- 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)?
- 6)      Have you been diagnosed with a physical or mental condition which may affect your ability to practice the profession of mortuary science?

**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.

**Applicant and Sponsor Signatures**

I certify that the above statements, to the best of my knowledge and belief are true, correct, complete, and made in good faith. I understand that I must notify the Maryland Board of Morticians and Funeral Directors of a change of address, name, or employment **within 30 days**. 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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**Signature of Apprentice<sup>1</sup>**
**Date**

I hereby certify that during the employment period, the above-named apprentice has completed the apprenticeship requirements to include 1000 working hours in a funeral establishment under the direct supervision of the apprentice sponsor.

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**Signature of Apprentice Sponsor**
**Date**


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<sup>1</sup> requires notarization (see page 5)

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: \_\_\_\_\_

**20 FUNERAL DIRECTION ASSISTS**

A published notice, service program, or screenshot of the website indicating the date and time of the service for each Funeral Direction **MUST** accompany the matrix along with a corresponding copy of the filed death certificate (**MUST** include the file date and registrar's name).

**Please DO NOT use plastic sleeves, staples, binders, 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.			

**Applicant and Sponsor Signatures (20 FUNERAL DIRECTION ASSISTS)**

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.

\_\_\_\_\_  
**Signature of Apprentice** **Date**

\_\_\_\_\_  
**Signature of Apprentice Sponsor** **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**

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

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

**ARRANGEMENT CONFERENCE PARTICIPATION**

Matrix includes participation in four (4) of each of the following: Pre-Need, At Need, Cremation Arrangement, and Cemetery Transfer with a Service.

	NAME	DATE OF DEATH	ARRANGEMENT DATE
<b>PRE-NEED ARRANGEMENT</b>			
1.			
2.			
3.			
4.			
<b>AT NEED ARRANGEMENT FOR BURIAL</b>			
1.			
2.			
3.			
4.			
<b>CREMATION ARRANGEMENT</b>			
1.			
2.			
3.			
4.			
<b>CEMETERY TRANSFER WITH A SERVICE</b>			
1.			
2.			
3.			
4.			



**Applicant and Sponsor Signatures (ARRANGEMENT CONFERENCE PARTICIPATION)**

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.

\_\_\_\_\_  
**Signature of Apprentice** **Date**

\_\_\_\_\_  
**Signature of Apprentice Sponsor** **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**

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

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