



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 INACTIVE STATUS

(Requirements per Title 7-321)

Please print clearly. The non-refundable application fee is \$300. All sections must be completed. Inactive status must be requested for each renewal period.

- [Pay \\$300.00 Inactive Fee](#)
- [Submit Application Online](#)

NAME: _____ LICENSE NUMBER: _____

HOME ADDRESS: _____

TELEPHONE NUMBER: HOME (____) _____ WORK: (____) _____ CELL (____) _____

EMAIL ADDRESS: _____

I hereby request to place my license on Inactive Status. 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 while on Inactive Status, I may not practice mortuary science or funeral direction in the state of Maryland. I will comply with Maryland Annotated Code, Health Occupation Article, Title 7, §7-321 and COMAR 10.29.04.02. I will contact the Maryland Board of Morticians and Funeral Directors when I decide to reactivate the license and will comply with all procedures for reactivation. I understand that the practice of mortuary science or funeral direction without an active license is a violation of the Morticians Act.

Signature of Licensee

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 _____

Licensee

and made oath in due form of law that signing the foregoing Application for Inactive Status was the voluntary act and deed of

_____. AS WITNESSETH my hand and Notarial Seal.

Licensee

SEAL

My Commission Expires: _____

Notary Public