



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

MARYLAND BOARD OF MORTICIANS AND FUNERAL DIRECTORS

CHANGE OF INFORMATION FORM

Apprentices, Morticians, Funeral Directors, Registered Crematory Operators, and Registered Transporters may use this form to notify the Board of Morticians and Funeral Directors of name, address, employment, and contact information changes. Name changes must include documentation such as, but not limited to, official court documents, marriage certificate, etc.

The Board requires that these changes be reported **within 30 days** in order to ensure that its records are accurate. Failure to provide the Board with up-to-date information may constitute grounds for action per COMAR 10.29.04(Y). **Please print clearly.**

PAY A \$50 Fee - **required if email/mailling address change is not made within 30 days*

PLEASE INCLUDE YOUR PAYMENT RECEIPT WHEN SUBMITTING. YOUR FORM WILL NOT BE PROCESSED WITHOUT PROOF OF PAYMENT.

SUBMIT FORM ONLINE

PREVIOUS INFORMATION

License/Registration Number: _____

Licensee/Registrant Name: _____

Street Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Email address: _____

Employer's Name: _____

NEW INFORMATION: Effective Date of Change _____/_____/_____

NEW Name: _____

NEW Street Address: _____

NEW City, State, Zip Code: _____

NEW Telephone Number: _____

NEW Email address: _____

NEW Employer's Name: _____

NEW Employer's Permit Number (CR, E, or MT): _____

Employer's Address: _____

Employer's City, State, Zip Code: _____

Employer's Telephone Number: _____