



# DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., 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.**

### 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: _____

**Mail, Fax, or Email this form to:** Maryland Board of Morticians and Funeral Directors, 4201 Patterson Avenue, Baltimore, Maryland, 21215; Fax – 410-358-6571; Email – [mdh.bomfd@maryland.gov](mailto:mdh.bomfd@maryland.gov)