



## 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 LICENSE VERIFICATION REQUEST FORM

**Please print clearly.** The non-refundable license verification fee is \$40.00 per request, payable by check or money order. Please send completed form and fees to 4201 Patterson Avenue, Baltimore, MD 21215.

Name: \_\_\_\_\_

License/Permit/Registration Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### **SEND VERIFICATION TO:**

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Number of Verifications: \_\_\_\_\_ @ **\$40.00** each = **\$ \_\_\_\_\_ .00** (Total payment enclosed) Your verification(s) will be mailed within 7-10 business days upon receipt.

\_\_\_\_\_  
Signature

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