



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 MORTICIAN LICENSE

(Requirements per COMAR 10.29.09.04)

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

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.

YOUR APPLICATION NEEDS TO BE READY TO SCAN FOR THE BOARD TO REVIEW. Please DO NOT use plastic sleeves, staples, binders, or paper clips. DO NOT SUBMIT FOLDED OR WRINKLED PAPERS. DO NOT SUBMIT ENTIRE OBITUARIES (ONLY A COPY OF THE REQUIRED PAGE(S) IS NEEDED). ALL DEATH CERTIFICATES NEED TO BE 8 1/2 X 11 IN SIZE.



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APPLICATION FOR MORTICIAN LICENSE

(Requirements per COMAR 10.29.09.04 and Title 7-303)

Please print clearly. All sections must be completed. Mortician licenses expire April 30th every two years. The non-refundable application fee is \$600.

❖ [PAY \\$600 Application Fee](#)

❖ [Submit Application](#)

NAME: _____

HOME ADDRESS _____

MAILING ADDRESS: **(Please select one)** ☐ HOME ☐ WORK

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

SOCIAL SECURITY NO.: _____ BIRTH DATE: _____

(Please contact the Board immediately if you are unavailable to provide a SSN or TIN)

☐ – White ☐ – African American ☐ – American Indian ☐ – Asian ☐ – Hispanic ☐ – Other
RACE **(Please select all applicable; for statistical purposes only):**

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: _____

DATE MARYLAND PRACTICAL EXAM COMPLETED: _____

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

| STATE | LICENSE NO. | STATE | LICENSE NO. |
|-------|-------------|-------|-------------|
|-------|-------------|-------|-------------|

| | | | |
|-------|-------------|-------|-------------|
| 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

- | | | | |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1) | Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice in your profession? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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.

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.

Signature of Apprentice*

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.

Signature of Apprentice Sponsor

Date

* requires notarization (next page)

NOTARIZATION

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).

YOUR APPLICATION NEEDS TO BE READY TO SCAN FOR THE BOARD TO REVIEW. Please DO NOT use plastic sleeves, staples, binders, or paper clips. DO NOT SUBMIT FOLDED OR WRINKLED PAPERS. DO NOT SUBMIT ENTIRE OBITUARIES (ONLY A COPY OF THE REQUIRED PAGE(S) IS NEEDED). ALL DEATH CERTIFICATES NEED TO BE 8 1/2 X 11 IN SIZE.

| | NAME | DATE OF DEATH | DATE OF DISPOSITION |
|-----|------|---------------|---------------------|
| 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: _____

20 EMBALMING ASSISTS

An embalming report for each decedent, signed by the Apprentice, Sponsor, and the Sponsor's Delegate (where applicable), **MUST** accompany the matrix along with a corresponding copy of the filed death certificate (**MUST** include the file date and registrar's name).

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| | NAME | DATE OF DEATH | NAME OF SPONSOR/ DELEGATE |
|-----|------|---------------|------------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
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| 19. | | | |
| 20. | | | |

Applicant and Sponsor Signatures (20 EMBALMING 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

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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.

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| | NAME | DATE OF DEATH | ARRANGEMENT DATE |
|---|------|---------------|------------------|
| PRE-NEED ARRANGEMENT | | | |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| AT NEED ARRANGEMENT FOR BURIAL | | | |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| CREMATION ARRANGEMENT | | | |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| CEMETERY TRANSFER WITH A SERVICE | | | |
| 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: _____