



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 CREMATORY OPERATOR REGISTRATION

(Requirements per COMAR 10.29.17.04)

Received	Required Documents
<input type="checkbox"/>	Certificate: Certified Crematory Operator course (CANA, ICCFA, or Board approved equivalent)
<input type="checkbox"/>	Certificate: Manufacturer Operator Training OR Notarized letter by the Supervising Crematory Operator indicating successful completion of training on the cremator in the crematory of which affiliated NOTE: To qualify as a trainer, the supervising crematory operator shall have a minimum of 3 years experience on the associated cremator.

In addition to the application and \$300.00 non-refundable application fee (check or money order), the above documents are required for a Registered Crematory Operator permit and must be received THREE (3) weeks in advance of the scheduled Board meeting for consideration.

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



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APPLICATION FOR INITIAL CREMATORY OPERATOR REGISTRATION

(Requirements per COMAR 10.29.17)

Please print clearly. All sections must be completed. The non-refundable initial application fee is \$300. Please print clearly. All sections must be completed. Crematory Operator registrations expire September 30th every two years (even year). Please make checks or money orders payable to: Maryland Board of Morticians and Funeral Directors.

NAME: _____

HOME ADDRESS: _____

MAILING ADDRESS: (Select one): ☐ HOME ☐ WORK

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

SOCIAL SECURITY NO.: _____ BIRTH DATE: _____

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

RACE (select all applicable; for statistical purposes only):

☐ – White ☐ – African American ☐ – American Indian ☐ – Asian ☐ – Hispanic ☐ – Other

EMAIL ADDRESS: _____

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____

EMPLOYER TELEPHONE NUMBER: (____) _____

CREMATORY PERMIT NO.: **CR** _____

TYPE OF CREMATOR AND NAME OF MANUFACTURER: _____

SUPERVISING CREMATORY OPERATOR NAME: _____

REGISTRATION NO. **RC**: _____

CHECK 'YES' OR 'NO' IN THE BOX NEXT TO EACH QUESTION. 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, Supervising Crematory Operator, and Employer 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 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.

Applicant Signature

Date

I certify that I have achieved certification as a crematory operator by the Cremation Association of North America (CANA), International Cemetery, Cremation and Funeral Association (ICCF), or other equivalent certification recognized jointly by the Board and the Office and have successfully completed the operator training course of the manufacturer of the cremator located in the crematory with which the applicant is affiliated. I certify that I have a minimum of three (3) years' experience on the associated cremator. I 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.

Supervising Crematory Operator Signature

Date

I 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.

Employer Signature

Date

Employer Printed Name

Date