



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

MARYLAND BOARD OF MORTICIANS AND FUNERAL DIRECTORS

4201 PATTERSON AVENUE · BALTIMORE, MD 21215 · (410) 764 – 4792 · (410) 358-6571 FAX

APPLICATION FOR SURVIVING SPOUSE LICENSE

(Requirements per COMAR 10.29.07 and Title 7-308)

Included	Required Documents
<input type="checkbox"/>	Notarized BOMFD Supervising Mortician Agreement form
<input type="checkbox"/>	Notarized Licensee Certification of Responsibility form
<input type="checkbox"/>	Death certificate of deceased licensed mortician or funeral director (spouse)
<input type="checkbox"/>	Proof of mortuary science business ownership, wholly or partly, by the deceased licensed mortician or funeral director (spouse)
<input type="checkbox"/>	Documentation of the deceased licensed mortician's role in the operation of the business
<input type="checkbox"/>	Criminal background check receipt (do not submit confidential results, which will be sent directly to the BOMFD)
<input type="checkbox"/>	FBI Privacy Act Statement Acknowledgement form

In addition to the original, notarized application, non-refundable \$600 application fee, the above documents are required and must be received **within thirty (30) days** of the death of the deceased spouse.

❖ [Pay \\$600.00 Application Fee](#)

❖ [Submit Application](#)



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(Requirements per COMAR 10.29.07 and Title 7-308)

Please print clearly. All sections must be completed. The initial application must be submitted **within 30 days** of the death of the licensed mortician or funeral director. The non-refundable initial application fee is \$600.

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.)

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

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

EMAIL ADDRESS: _____

DECEASED SPOUSE NAME: _____ LICENSE NO: _____

ESTABLISHMENT NAME, ADDRESS, PHONE NUMBER: _____

SUPERVISING MORTICIAN OR FUNERAL DIRECTOR:

NAME _____ LICENSE NO. _____

LIST ALL LICENSED MORTICIANS EMPLOYED BY THE ESTABLISHMENT WHO WILL PERFORM EMBALMING AND PREPARE FUNERAL ARRANGEMENTS: *(List additional names on a separate sheet)*

NAME: _____ LICENSE NO. **M** _____

NAME: _____ LICENSE NO. **M** _____

NAME: _____ LICENSE NO. **M** _____

NAME: _____ LICENSE NO. **M** _____

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 Supervising Mortician 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 certify that the business will continue to be operated in the same manner or mode as it had been operated at the death of the licensed mortician or funeral director. 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.

☐ By checking this box, I hereby attest that I have completed an Implicit Bias training program approved by the Cultural and Linguistic Health Care Professional Competency Program under § 20–1306 of the Health-General Article of the Annotated Code of Maryland.

Signature of Applicant¹ **Date**

Signature of Supervising Mortician **Date**

¹requires 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: _____



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LICENSEE CERTIFICATION OF RESPONSIBILITY

I, _____, surviving spouse of _____,
Applicant Printed Name Deceased Mortician Printed Name

do hereby make application for a surviving spouse license under the supervision of

_____ and agree to abide by the laws governing the practice
Supervising Mortician Printed Name

of mortuary science in the State of Maryland.

Applicant Signature*

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