

**MARYLAND STATE BOARD OF MORTICIANS AND FUNERAL DIRECTORS**  
**APPLICATION FOR RENEWAL – SURVIVING SPOUSE**

**PLEASE MAKE CHECK PAYABLE TO: BOARD OF MORTICIANS AND FUNERAL DIRECTORS, 4201  
Patterson Avenue, Baltimore MD 21215**

FAILURE TO RENEW LICENSE ON OR BEFORE 12/15/2018 WILL RESULT IN A PENALTY FEE OF \$400

**RETURN BY NOVEMBER 15, 2018**

RENEWAL FEE \$ **600.00**

EXP. DATE 11/30/2018

**Please enter your name and license number: Surviving Spouse Name:** \_\_\_\_\_  
**W** \_\_\_\_\_.

**PLEASE ATTACHED A PASSPORT SIZE PHOTO FOR YOUR NEW SURVIVING SPOUSE LICENSE.**

**SECTION I – GENERAL INFORMATION** - This section must be completed in full.

If your name or address has changed since the last renewal, please indicate by noting new address and enclose proof of name change such as a court document or marriage certificate.

Social Security Number:  -  -

(There is a statutory requirement that you disclose your social security number. It will be used for identification purposes only.)

Race (Please circle all applicable; for statistical purposes only):    1-White    2-Black or African American  
3-American Indian or Alaska Native                      4-Native Hawaiian or Pacific Islander    5-Asian    6-Other

Are you of Hispanic or Latino origin? Yes ☐ No ☐

Date of Birth:  -  -

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

Home Phone Number:  -  -

Name of Deceased Spouse: \_\_\_\_\_

License Number of Deceased Spouse: \_\_\_\_\_

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

Work Phone Number:  -  -

Fax Number:  -  -

**\*\* E-mail address:** \_\_\_\_\_

Mailing Address: Which address do you wish to receive mail from the Board? (Renewal Licenses, etc.)  
(Please check one)                      Work: ☐                      Home: ☐

Name of the Licensed Mortician who will be providing direct supervision and performing the embalming or other means of final disposition of dead human bodies on behalf of the mortuary science business requesting renewal of the license.

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Name of other licensed morticians employed by the mortuary science business requesting the license and who will be performing embalming and preparing funeral arrangements. (Please list additional names on a separate sheet)

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Practice of mortuary science or funeral direction without an active license is a violation of the Morticians Act. I affirm that the contents of this document are true and correct to the best of my knowledge and belief. Failure to provide truthful answers may result in disciplinary action

I certify that the above statements, to the best of my knowledge and belief, are true, correct, complete and are made in good faith.

**Applicant Signature**

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**Applicant Signature**

**Date**

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**Supervising Mortician Signature**

**Date**

AS WITNESS my hand and Notarial Seal.

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Notary Public

My Commission Expires: \_\_\_\_\_