



MARYLAND
Department of Health

Maryland Board of Morticians and Funeral Directors

LICENSEE CERTIFICATION OF RESPONSIBILITY

I, _____, surviving spouse of _____,
Mortician's Name

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

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

mortuary science in the State of Maryland.

_____, _____
Surviving Spouse Signature License No.

STATE OF MARYLAND
CITY / COUNTY OF

I HEREBY CERTIFY that on this ____ day of _____, 20____,

Before me, a Notary Public of the State and County aforesaid, personally appeared

and made oath in due form of law that the foregoing _____ was his/her
voluntary act and deed.

Seal

Notary Public

My Commission Expires: _____