



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

**SUPERVISING MORTICIAN AGREEMENT FORM**

(10-1) "Supervising mortician" means a mortician who is responsible to the State Board of Morticians and Funeral Directors for compliance with the Maryland Morticians Act for all operations of a funeral establishment including, but not limited to, the administration of pre-need accounts.

I \_\_\_\_\_ License No.: M \_\_\_\_\_, understand that I  
**Supervising Mortician Printed Name**

shall be the supervising mortician of said establishment and shall, therefore, be responsible for all transactions conducted within the establishment and throughout its entire scope of services, including responsibilities for all advertisements made in connection with said establishment. I further understand that I shall be physically present on an as-needed basis to perform the supervision of funeral arrangements, to conduct funerals and dispose of dead human bodies by burial or cremations. I agree that I shall be personally responsible for funerals serviced by

\_\_\_\_\_ establishment,  
**Establishment Name and Number**

and the employees of the establishment. I further agree that the funeral establishment operated under this license shall be equipped, maintained and conducted strictly in compliance with the laws of the State of Maryland, in particular, with the Morticians Act, Title 7, Health Occupations Article, Maryland Annotated Code, all applicable Federal Trade Commission (FTC Funeral Rules) and OSHA rules. I further affirm that should my authority for the acceptance of such responsibility cease, I will immediately notify the Board.

\_\_\_\_\_ **Supervising Mortician Signature\***

\* must be notarized (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 \_\_\_\_\_  
and made oath in due form of law that signing the foregoing Application for Licensure was the voluntary  
act and deed of \_\_\_\_\_.  
\_\_\_\_\_  
Licensee

AS WITNESSETH my hand and Notarial Seal.

SEAL

---

\_\_\_\_\_  
Notary Public

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