



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

APPLICATION FOR CREMATORY PERMIT

(Requirements per COMAR 10.29.17)

Included	Required Documents
<input type="checkbox"/>	State Department of Assessments & Taxation (SDAT) Good Standing letter - <i>(initial AND renewal applications)</i>
<input type="checkbox"/>	State Department of Environment licenses - <i>(initial AND renewal applications)</i>
<input type="checkbox"/>	Copy of license/permit/registration held in any other state(s)
<input type="checkbox"/>	IRS EIN letter
<input type="checkbox"/>	Letter(s) of Good Standing of license/permit/registration held in any other state(s)
<input type="checkbox"/>	Notarized Supervising Crematory Operator Agreement form - <i>(initial AND renewal applications)</i>
<input type="checkbox"/>	Current Worker's Compensation insurance policy, if applicable
<input type="checkbox"/>	Liability insurance policy (declaration page)
<input type="checkbox"/>	Cremator manufacturer certification
<input type="checkbox"/>	<input type="checkbox"/> Record of cremation form <input type="checkbox"/> Cremation authorization form <i>(initial AND renewal applications)</i> <input type="checkbox"/> Certificate of cremation form <input type="checkbox"/> Delegation of authority form
<input type="checkbox"/>	Return of cremated human remains certificate - <i>(initial AND renewal applications)</i>
<input type="checkbox"/>	Burial transit permit
<input type="checkbox"/>	Receipt for human remains
<input type="checkbox"/>	BOMFD inspection report (Successfully Passed)

In addition to the original, notarized application and \$350.00 application fee, the above documents are required and must be received three (3) weeks in advance of the scheduled Board Meeting for consideration.



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(Requirements per COMAR 10.29.17)

Please print clearly. All sections must be completed. The non-refundable permit application fee is \$350.

A crematory permit expires on September 30th every two years.

- ❖ Renewal Payment: https://mdbnc.health.maryland.gov/mort_pay/Pay_Fee_CrematoryPermit.aspx
- ❖ Renewal Late Fee \$200.00: https://mdbnc.health.maryland.gov/mort_pay/Pay_Fee_CremOperatorRenewalLate.aspx
- ❖ Submit Application: <https://app.smartsheet.com/b/form/850661645a764878990f9ed366a8c8b7>

PLEASE CHECK ONE: ☐ Initial ☐ Renewal: Permit No. **CR:** _____

SECTION I - GENERAL INFORMATION

Name of Crematory: _____

Mailing Address: _____

Physical Address of Crematory: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Federal Employer Identification No: _____

Corporate Structure: _____

Name of Manager: _____

Supervising Crematory Operator Name: _____ License No. **RC:** _____

SECTION II - BUSINESS STRUCTURE

Name of Owner(s): _____

Business Structure: _____

President Name: _____

Vice President Name: _____

Secretary Name: _____

Treasurer Name: _____

SECTION III - LICENSING INFORMATION

A. Other license/permit/registration numbers held in Maryland:

1. _____
2. _____

B. Other license/permit/registration numbers held in another state(s):

1. _____
2. _____

SECTION IV - ESTABLISHMENT DESCRIPTION

- A. Number of Human Cremators: _____ Manufacturer(s): _____
B. Last Manufacturer Inspection Date: _____ Next Inspection Due: _____
C. Viewing Room: ☐ Yes ☐ No Fire Department Occupancy: _____
D. Name of Liability Insurance Company: _____

SECTION V - REGISTERED CREMATORY OPERATORS EMPLOYED

List all employed Crematory Operators. Use a separate sheet if necessary. Submit a separate application and fee for new Crematory Operators.

Name: _____ License No. **RC:** _____

Name: _____ License No. **RC:** _____

Name: _____ License No. **RC:** _____

Name: _____ License No. **RC:** _____

Name: _____ License No. **RC:** _____

Name: _____ License No. **RC:** _____

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.

Notice

Maryland and Federal laws require that the Maryland Board of Morticians and Funeral Directors obtain the social security number or federal tax identification number of any person applying for a professional license for the following purposes:

- Administration of the Child Support Enforcement Program (Md. Code Ann., Family Law Article § 10-119.3).
- Identification by the Maryland Department of Assessments and Taxation of new businesses in the State (Md. Code Annotated, Health Occupations § 1-210).
- Comply with federal law which authorizes state governments to use or disclose Social Security numbers in connection with tax matters, including compliance with the payment of taxes (42 U.S.C.A. § 405(c)(2)(C)(i)).

The Board may permit inspection of this information only in accordance with State and federal law.

VERIFIED APPLICATION UNDER PENALTIES OF PERJURY

I certify that the above statements, to the best of my knowledge and belief are true, correct, complete, and made in good faith. If a crematory permit is granted, I solemnly swear that the crematory operated under this permit will be operated strictly in compliance with all laws, rules, and regulations of the State Department of Health, the Maryland Board of Morticians and Funeral Directors, and the State of Maryland.

Owner or Co-Owner Signature

Date

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 _____.

Applicant

Applicant

AS WITNESSETH my hand and Notarial Seal.

SEAL

Notary Public

My Commission Expires: _____



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SUPERVISING CREMATORY OPERATOR AGREEMENT FORM

(10-1) “Supervising Crematory Operator” means a Crematory Supervisor who is a registered crematory operator and who is responsible to the State Board of Morticians and Funeral Directors for compliance with the Cremation Statute and Regulations for all operations of a crematory.

I _____ Permit No. **RC**_____, understand that:
Supervising Crematory Operator

I shall be the supervising crematory operator of said crematory and shall, therefore, be responsible for all transactions conducted within the crematory and throughout its entire scope of services, including responsibilities for all advertisements made in connection with said permit. I further understand that I shall be physically present on an as-needed basis to perform the supervision of crematory operations and disposal of dead human bodies by cremation.

I agree that I shall be personally responsible for cremations serviced by _____
(Name of Crematory), and the employees of the establishment. I further agree that the crematory operated under this permit shall be equipped, maintained, and conducted strictly in compliance with the laws of the State of Maryland, in particular, with the Crematory Statute, Title 5, Section 450, Health Occupations Article, Maryland Annotated Code and the corresponding regulations, and 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.

Signature of Supervising Crematory Operator*

* requires 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 _____
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: _____