



STATE OF MARYLAND

DHMH

Department of Health and Mental Hygiene

Martin O'Malley, Governor - Anthony G. Brown, Lt. Governor - Joshua M. Sharfstein, Secretary

MARYLAND STATE BOARD OF MORTICIANS AND FUNERAL DIRECTORS

4201 Patterson Avenue • Baltimore, Maryland 21215 • 410-764-4792

APPLICATION FOR CREMATORY PERMIT
(Non Refundable Permit Application Fee - \$350)

GENERAL INFORMATION

Name of Crematory: _____
Federal Tax ID: _____
Manager: _____
Corporate Structure: _____
Address of Record: _____
Location of Crematory: _____
Telephone Number: _____ Fax Number: _____
Email Address: _____

BUSINESS STRUCTURE

Name of Owner/Owners: _____
Business Structure: _____
President: _____ Secretary: _____
Vice President: _____ Treasurer: _____

LICENSING INFORMATION

Other License Numbers/Other Permit Numbers/Other Registration Numbers held in Maryland:

State and number of the other Licenses/Permits/Registrations held in other states:

Please provide Letters of Good Standing if applicable.

Please provide copies of Maryland Department of the Environment Licenses.

REGISTERED CREMATORY OPERATORS EMPLOYED

Number of Cemeters: _____

Manufacturers: _____

Last Manufacturer Inspection Date: _____ Next Inspection Due: _____
(Please include copy of cremator certification)

Viewing Room: YES NO

Fire Department Occupancy: _____

Name of Liability Insurance Carrier: _____

I certify that the above statements, to the best of my knowledge and belief are true, correct, and complete and made in good faith. If a crematory permit is granted, I do 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 and Mental Hygiene, the Maryland Board of Morticians and Funeral Directors, and the State of Maryland.

Signature: _____ Date: _____ Title: _____

Subscribed and sworn to before me this _____ day of _____
My Commission expires on _____

SEAL