



MARYLAND
Department of Health

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 Maryland Board of Morticians and Funeral Directors for compliance with the Cremation Statute and Regulations for all operations of a crematory.

I _____ Permit No. _____, understand that
Crematory Supervisor

I shall be the crematory supervisory 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 bases 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 facility. 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 Statue, Title 5 Section 450, Health General, Maryland Annotated Code and the corresponding regulations, and all applicable Federal Trade Commission and OSHA rules. I further affirm that should my authority for the acceptance of such responsibility cease, I will immediately notify the Maryland Board of Morticians and Funeral Directors.

Signature of Crematory Supervisor

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.

AS WITNESS my hand and Notarial Seal.

Notary Public

My commission Expires: _____