



MARYLAND Department of Health

MARYLAND BOARD OF MORTICIANS AND FUNERAL DIRECTORS

APPLICATION FOR REGISTERED CREMATORY OPERATOR PERMIT

\$300.00 NON REFUNDABLE APPLICATION FEE

SECTION I – GENERAL INFORMATION - This section must be completed in full. If your name or address has changed since the last renewal, please indicate by noting new address and enclose proof of name change such as a court document or marriage certificate.

A. Name: _____

B. Social Security Number: [] [] [] - [] [] - [] [] [] []

(There is a statutory requirement that you disclose your social security number. It will be used for identification purposes only.)

A1. Date of Birth: [] [] - [] [] - [] [] [] []

C. Race (Please circle all applicable; for statistical purposes only): 1-White 2-Black or African American 3-American Indian or Alaska Native 4-Native Hawaiian or Pacific Islander 5-Asian 6-Other

B1. Are you of Hispanic or Latino origin? Yes [] No []

D. Home Address: _____

Home Phone Number: [] [] [] - [] [] [] - [] [] [] []

Mobile Phone Number: [] [] [] - [] [] [] - [] [] [] []

E. Work Address: _____

Work Phone Number: [] [] [] - [] [] [] - [] [] [] []

** E-mail address: _____

F. Mailing Address: Which address do you wish to receive mail from the Board? (Renewal Licenses, etc.) (Please check one) Work: [] Home: []

G. MD County of Residence: _____ H. MD County of Practice: _____

I. Present Employment Status: [] I. Employment Type (Primary – one only) []
1-Full Time 3-Retired 1-Owner 3-Trade
2-Part Time 4-Other 2-Staff 4-Other

SECTION III – CHARACTER - This section must be completed. Attach a detailed explanation for each question answered "yes" in this section.

- | YES | NO | | |
|--------------------------|--------------------------|-----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1) | Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice in your profession? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2a) | Has any licensing or disciplinary board in any jurisdiction, or an entity of the Armed services, denied your application for licensure, reinstatement or renewal; taken any action against your license, including but not limited to, reprimand, suspension, revocation, fine or non-judicial punishment? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2b) | Have you surrendered or allowed your license to lapse while under investigation by a licensing or disciplinary board in any jurisdiction or an entity of the Armed Services? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3) | Are you currently under investigation or have any complaints or charges been brought against you or are currently pending, in any jurisdiction, by any licensing or disciplinary board or entity of the Armed Services? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4) | Have you had a physical or mental illness that may presently affect or impair your ability to practice your profession? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5) | Have you ever been convicted, pled guilty, or received probation before judgment of any criminal act or for driving while intoxicated, or for a controlled dangerous substance offense (excluding minor traffic violations)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6) | Has your employment by any funeral establishment been affected by disciplinary actions, including probation, suspension, loss of privileges, transfer to other duties, or termination of employment or contract? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7) | Have you been diagnosed with a physical or mental condition which may affect your ability to practice the profession of mortuary science? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8) | Has any claim for damages been filed against you which is pending, has been dismissed, has been settled, or damages have been awarded against you? |
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Please attach a valid copy of **Crematory Operations Certification & Manufacture Certificate of Training** with this application.

Applicant Signature

I certify that the above statements, to the best of my knowledge and belief are true, correct, and completed and made in good faith. As a crematory operator, I do solemnly swear to perform my duties in compliance with all laws, rules, and regulations of the Maryland State Department of Health, the Maryland Board of Morticians and Funeral Directors, and the State of Maryland.

Applicant Signature _____ **Date** _____