

**MARYLAND BOARD OF MORTICIANS AND FUNERAL DIRECTORS**

4201 PATTERSON AVENUE • BALTIMORE, MD 21215 • (410) 764 – 4792

**TERMINATION OF SPONSOR-APPRENTICE RELATIONSHIP REPORTING OF FUNERAL ASSISTANTS  
WORKSHEET**

In accordance with Health Occupations Article, Title 7, §7-306(c)(3)-(4) and COMAR 10.29.09.07 the following information shall be notarized and submitted to the Board independently by both the sponsor and the apprentice **within 30 days of the termination.**

NAME OF APPRENTICE: \_\_\_\_\_ License No.: **A** \_\_\_\_\_

NAME OF SPONSOR: \_\_\_\_\_ License No. **M** \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_ License No. **E** \_\_\_\_\_

APPRENTICESHIP HOURS: BEGAN \_\_\_\_\_ ENDED \_\_\_\_\_

NUMBER OF APPRENTICESHIP HOURS COMPLETED: \_\_\_\_\_

BELOW PLEASE LIST AND DOCUMENT THE FOLLOWING INFORMATION REGARDING THE APPRENTICE'S ASSISTANCE FOR THE FUNERAL SERVICE OF:

	NAME	DATE OF DEATH	BURIAL DATE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			

17.			
18.			
19.			
20.			

EMBALMINGS: IN ACCORDANCE WITH COMAR 10.29.09 REQUIREMENTS FOR APPRENTICESHIP REGULATION, COPIES OF EMBALMING REPORTS SIGNED BY THE APPRENTICE AND APPRENTICE SPONSOR DOCUMENTING THE APPRENTICE'S PARTICIPATION MUST BE SUBMITTED FOR THE CASES LISTED BELOW.

	NAME	DATE OF DEATH	DATE OF EMBALMING	MORTICIANS LICENSE NUMBER
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

## ARRANGEMENT CONFERENCE PARTICIPATION

Matrix includes participation in four (4) of each of the following: Pre-Need, At Need, Cremation Arrangement, and Cemetery Transfer with a Service.

	NAME	DATE OF DEATH	ARRANGEMENT DATE
<b>PRE-NEED ARRANGEMENT</b>			
1.			
2.			
3.			
4.			
<b>AT NEED ARRANGEMENT FOR BURIAL</b>			
1.			
2.			
3.			
4.			
<b>CREMATION ARRANGEMENT</b>			
1.			
2.			
3.			
4.			
<b>CEMETERY TRANSFER WITH A SERVICE</b>			
1.			
2.			
3.			
4.			

I certify that the above statements, to the best of my knowledge and belief are true, correct, complete, and made in good faith. 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.

---

**Signature of Apprentice\***

**Printed Name**

**Date**

---

**Signature of Apprentice Sponsor**

**Printed Name**

**Date**

\* must be notarized (see 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 \_\_\_\_\_  
Apprentice  
and made oath in due form of law that signing the foregoing document was the voluntary act and deed of \_\_\_\_\_.  
Apprentice

**AS WITNESSETH** my hand and Notarial Seal.

**SEAL**

\_\_\_\_\_

**Notary Public**

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