



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

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 & Establishment Number)**, 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 Statue, 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*

* must be notarized (see notarization 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 _____
Licensee
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: _____