



DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor – Boyd K. Rutherford, Lt. Governor – Van T. Mitchell, Secretary

Maryland Board of Morticians and Funeral Directors

RENEWAL INSTRUCTIONS FOR ESTABLISHMENTS AND CORPORATIONS

Note: Postmarked No Later Than November 30, 2016

A late fee of \$400.00 will be assessed after December 15, 2016 for all incomplete or late renewal applications

****No Hand Deliveries Accepted****

This is your renewal notice for the December 1, 2016 through November 30, 2018 licensure period.

Applications received by November 14, 2016 will be guaranteed their paper license by December 1, 2016.

Please fill in the license number and the correct address. If there are additions, corrections or changes, please mark the appropriate space provided.

All questions on the renewal application must be answered, including type of establishment and ownership, officers, if relevant, and who has at least 10% ownership interest in the establishment or corporation.

Please include a Letter of Good Standing from the Department of Assessments and Taxation, requested within the past 30 days. If you have questions, please call the Department of Assessments and Taxation at 410-767-1353.

All Establishment License and Corporate License applications must include a completed Supervising Mortician Form or Supervising Funeral Director Form before receiving a license.

The Board does have the authority to charge a late fee if license renewals are not received by December 15, 2016. Those who do not renew before December 15, 2016 will be assessed a late fee of \$400.00 as noted in COMAR 10.29.04.02 P Fee Schedule. You may not conduct business without a valid license.

The Office of the Comptroller will review all licensees to determine if the establishment/corporation owes any monies to the Comptroller. All payments owed must be resolved before the Board can issue a license. If you have issues needing resolution, please call the Office of the Comptroller at 410-649-0633, 410-649-0621 or toll free 888-614-6337.

Please remit the renewal fee and make check payable to the Board of Morticians and Funeral Directors.

(Name) (Position)

2. List the Maryland licensed morticians or funeral directors your establishment employs. (Attach additional pages if necessary.)

Name _____ License Number _____

Name _____ License Number _____

Name _____ License Number _____

3. List all apprentices you employ. (Attach additional pages if necessary.)

Apprentice's Name _____ Sponsor's Name _____

Apprentice's Name _____ Sponsor's Name _____

4. **CORPORATION:** List all names of the officers (Attach additional pages if necessary.)

(Name) (Address) (Position)

(Name) (Address) (Position)

5. **CORPORATION:** List the names of any individual, corporation, or other business entities, which either directly or indirectly hold an ownership interest of ten percent or more in the corporation or business entity that operates the funeral establishment. (Attach additional pages if necessary.)

(Name) (Address)

(Name) (Address)

I HEREBY DECLARE that I am a mortician licensed in the State of Maryland and approved by the State Board of Morticians and Funeral Directors, and I agree to perform the actual and personal responsibilities of a supervising mortician.

I further declare that I will advise the Board of any termination or cessation of my responsibilities as supervising mortician.

Signature of Supervising Mortician

License Number

Subscribed and sworn to before me on this _____ day of _____, 20_____.

My Commission expires on _____.

NOTARY PUBLIC

SEAL