



STATE OF MARYLAND

**DHMH**

Department of Health and Mental Hygiene

*Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, Secretary*

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*MARYLAND BOARD OF MORTICIANS and FUNERAL DIRECTORS*

*4201 Patterson Avenue • Baltimore, Maryland 21215-2299*

### **RENEWAL INSTRUCTIONS FOR COURTESY CARD HOLDERS**

**Postmarked No Later Than November 30, 2014**

**A late fee of \$400.00 will be assessed after December 15, 2014**

**\*\*You must submit one passport photo for placement on your Courtesy Card\*\***

Enclosed is your renewal notice for the December 1, 2014 through November 30, 2016 licensure period.

Please familiarize yourself with the new Transport Regulations before filling out the application.

Please carefully review the name and address printed on the attached application. If there are additions, corrections or changes, please mark the appropriate space provided.

On the second page of the application are questions which must be answered in order for your license to be renewed.

Please attach letters of good standing from the State in which you are licensed as a mortician or have the respective State fill out the State Board Certification on the 2<sup>nd</sup> page of renewal form.

The Board does have the authority to charge a late fee if license renewal is not received by December 15, 2014. Those who do not renew before December 15, 2014 will be assessed a late fee of \$400.00 as noted in COMAR 10.29.04.02 (P) Fee Schedule.

If you have any questions, don't hesitate to call the Board Office at 410-764-4792. Thank you.

**NO HAND DELIVERIES ACCEPTED**

**MARYLAND STATE BOARD OF MORTICIANS AND FUNERAL DIRECTORS  
APPLICATION FOR RENEWAL OF COURTESY CARD**

PLEASE MAKE CHECK PAYABLE TO THE BOARD OF MORTICIANS AND FUNERAL DIRECTORS  
FAILURE TO RENEW LICENSE BY 11/30/2014 COULD RESULT IN DISCIPLINARY ACTION, IF FOUND PRACTICING IN THE STATE  
LATE FEE - \$400

POSTMARKED NO LATER THAN NOVEMBER 30, 2014  
ORIGINAL LICENSE

NO HAND DELIVERIES ACCEPTED  
EXP. DATE 11/30/2014

RENEWAL FEE \$600

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**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. Social Security Number:    -   -      
(There is a statutory requirement that you disclose your social security number. It will be used for identification purposes only.)

B. Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone Number:    -    -

C. Establishment Address: \_\_\_\_\_  
\_\_\_\_\_

Work Phone Number:    -    -

E-mail address: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

D Mailing Address: Which address do you wish to receive mail from the Board? (renewal licenses, notices, etc.) *(Please check one)* Establishment:  Home:

D1. Are you of Hispanic or Latino origin? Yes  No

E. 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

F. Present Employment Status:  G. Employment type (Primary – one only)   
1-Full Time 3-Retired 1-Owner 3-Trade  
2-Part Time 4-Other 2-Staff 4-Other

**SECTION II – CHARACTER** - This section must be completed.

- | 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? |

- 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?
- 3) Have any complaints, investigations, 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?
- 4) Have you had a physical or mental illness that may presently affect or impair your ability to practice your profession?
- 5) Have you pled guilty, nolo contendere, been convicted, received probation before judgment or other diversionary disposition of any criminal act or for driving while intoxicated, or for a controlled dangerous substance offense (excluding minor traffic violations)?
- 6) Has your employment by any health care employer been affected by disciplinary actions, including probation, suspension, loss of privileges, transfer to other duties, or termination of employment or contract?
- 7) Have you been diagnosed with a physical or mental condition which may affect your ability to practice your profession?
- 8) Has any malpractice or claim for damages been filed against you which is pending, has been dismissed, has been settled, or damages have been awarded against you?

Attach a detailed explanation for each question answered "yes" in Section II – Character.

**Notice For Mailing List**

The information collected on this application form is collected for the purposes of the Board's functions under Md. Health Occupations Code Annotated, Title 7. Failure to provide the information may result in denial of your application. You have a right to inspect, amend, and request correction of this information. The Board may permit inspection of this information or make it available to others only as permitted by Federal and State law. Under the Maryland Public Information Act, Md. State Gov't Code Ann. §10-617, the Board may provide, for a fee, a list of licensees' names and addresses to professional associations and other entities. You may request in writing that your name be omitted from such lists.

**Applicant Signature**

It is herewith agreed, should I be issued a Maryland courtesy card, I will observe all the rules and regulations of the State Department of Health and Mental Hygiene, the Maryland State Board of Morticians and Funeral Directors and the State of Maryland pertaining to and governing the care of human remains. I will not advertise in, establish a place of business in, conduct funerals, solicit business, including writing contracts, in the State of Maryland, under penalty of revocation of this privilege. I may participate in a funeral conducted by a Maryland licensed mortician.

\_\_\_\_\_  
**Applicant Signature** **Date**

**SECTION III – GOOD STANDING SEAL – This section must be completed in full.**

**STATE BOARD CERTIFICATION:**

I, \_\_\_\_\_ of the  
 State Board of \_\_\_\_\_ do hereby certify that the above noted licensee is in good standing  
 and that license is in full effect for the period beginning \_\_\_\_\_ and ending \_\_\_\_\_  
 in this state.

BOARD SEAL

\_\_\_\_\_  
 Signature

**Please Attach One Passport Photo**