

MARYLAND STATE BOARD OF MORTICIANS AND FUNERAL DIRECTORS
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
4201 PATTERSON AVENUE - BALTIMORE, MARYLAND 21215-2299
(410) 764-4792

APPLICATION FOR MARYLAND COURTESY CARD

FEE: Between December 1st of every even numbered year through November 30th of every odd number year the fee is \$600
Between December 1st of every odd numbered year through November 30th of every even numbered year the fee is \$300.00

I hereby make application for a Funeral Director/Mortician Courtesy Card, which takes effect on the date of issuance with expiration on November 30th of every even numbered year.

License # _____

Name: _____

Address: _____

Employment: _____

Address: _____

Telephone #: _____

There is no statutory or regulatory authority mandating the disclosure of Social Security Number, Race, and/or Date of Birth. This information will be used only for identification purposes and will be released to the Department of Public Safety and Correctional Services to check for any criminal convictions. Social Security numbers are required by the State Department of Taxation and Assessments.

Social Security #: _____

Date of Birth: _____

Race: _____ Sex: _____ M _____ F

(Please circle all applicable; for statistical purposes only)

1. White
2. Black or African American
3. Asian
4. American Indian or Alaska Native
5. Hispanic or Latino
6. Native Hawaiian or Other Pacific Islander
7. Other: _____

This section must be completed.

1) Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice in your profession?
_____ YES _____ NO

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?
_____ YES _____ NO

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?
_____ YES _____ NO

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?
_____ YES _____ NO

4) Have you had a physical or mental illness that may presently affect or impair your ability to practice your profession?
_____ YES _____ NO

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 traffic violations)? _____ YES _____ NO

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? _____ YES _____ NO

7) Do you currently have a physical or mental condition which may affect your ability to practice your profession? _____ YES _____ NO

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?
_____ YES _____ NO

9) Have you ever been convicted of a felony? _____ YES _____ NO

10) Have you been the subject of a disciplinary action by your State Board within the past 5 years, up to and including the present time? _____ YES _____ NO

If YES, please explain on a separate sheet of paper and attach it to this application.

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, and all the Rules and regulations of the Maryland State Board of Morticians 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.

Signature of Applicant

(Please see Reverse Side)

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

My commission expires on _____

Seal

Notary Public

STATE BOARD CERTIFICATION:

I, _____ Title _____ of the State Board of _____ do hereby certify that the aforementioned licensee is in good standing and that license is in full effect for the period beginning _____ and ending _____ in this state.

Secretary

BOARD SEAL