

MARYLAND BOARD OF MORTICIANS AND FUNERAL DIRECTORS
4201 PATTERSON AVENUE
BALTIMORE, MARYLAND 21215-2299

APPLICATION FOR SURVIVING SPOUSE LICENSE

Surviving Spouses Licenses expire November 30th every two years. The application fee has been prorated on a bi-annual basis as listed below. Therefore, if you submit your application:

Between December 1 of every even numbered year through November 30 of every odd numbered year the fee is \$600.00
Between December 1 of every odd numbered year through November 30 of every even numbered year the fee is \$300.00
(CHECK MADE PAYABLE TO: MARYLAND BOARD OF MORTICIANS AND FUNERAL DIRECTORS)

COMPLETE THE FOLLOWING INFORMATION:

Name of Surviving Spouse: _____

Address: _____

City: _____ State _____ Zip Code _____

Telephone No.: _____ Cell Phone No.: _____ E-mail: _____

Date of Birth: _____ Social Security Number: _____ - _____ - _____

Name of Deceased Spouse: _____ License # of Deceased Spouse: _____

Name of Establishment: _____

(Write Clearly)

Address: _____

City _____ State _____ Zip Code _____

Race (Please circle all applicable; for statistical purposes only): 1-White 2-Black or African American

3-American Indian or Alaska Native 4-Asian 5-Hispanic or Latino 6-Other

Name of Licensed Mortician who will be providing direct supervision and performing the embalming or other means of final disposition of dead human bodies on behalf of the mortuary science business requesting the license.

Name (Write Clearly) License Number

Name of other licensed morticians employed by the mortuary science business requesting the license and who will be performing embalming and preparing funeral arrangements. (Please list additional names on a separate sheet)

Name (Write Clearly) License Number

Name (Write Clearly) License Number

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

Signature of Applicant (Write Clearly) Date

Signature of Supervising Mortician (Write Clearly) Date

NOTARY SEAL

Subscribed and sworn before me this _____ day of _____, 20____. My Commission expires on _____.

Signature