STATE OF MARYLAND
DHMH
Maryland Department of Health and Mental Hygiene
4201 Patterson Avenue • Baltimore, Maryland 21215-2299
Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

State Board of Morticians and Funeral Directors

LICENSEE CERTIFICATION OF RESPONSIBILITY

I, _____, Surviving Spouse of _____,
Mortician's Name

deceased, do hereby make application for a surviving spouse license under the supervision of

_____ and agree to abide by the laws governing the practice of
Supervising Mortician

mortuary science in Maryland.

_____ _____
Surviving Spouse Signature Establishment License No.

STATE OF MARYLAND)
CITY / COUNTY OF)

I HEREBY CERTIFY that on this ____ day of _____, 20_____,

Before me, a Notary Public of the State and County aforesaid, personally appeared _____

and made oath in due form of law that the foregoing _____ was his/her

voluntary act and deed.

_____
Notary Public

My Commission Expires: _____

410-764-4792 • Fax 410-358-6571
Toll Free 1-877-4MD-DHMH • TTY for Disabled – Maryland Relay Service 1-800-735-2258
Web Site: www.dhmh.state.md.us/bom