STATE OF MARYLAND

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

(10-1) "Supervising mortician" means a mortician who is responsible to the State Board of Morticians and Funeral Directors for compliance with the Maryland Morticians Act for all operations of a funeral establishment including, but not limited to, the administration of pre-need accounts.

I _____ License No. _____, understand that I
Supervising Mortician
shall be the supervising mortician of said establishment and shall, therefore, be responsible for all transactions conducted within the establishment and throughout its entire scope of services, including responsibilities for all advertisements made in connection with said establishment. I further understand that I shall be physically present on an as-needed basis to perform the supervision of funeral arrangements, to conduct funerals and dispose of dead human bodies by burial or cremations. I agree that I shall be personally responsible for funerals serviced by _____, establishment, and the employees of the establishment. I further agree that the funeral establishment operated under this license shall be equipped, maintained and conducted strictly in compliance with the laws of the State of Maryland, in particular, with the Morticians Act, Title 7, Health Occupations Article, Maryland Annotated Code, all applicable Federal Trade Commission (FTC Funeral Rules) and OSHA rules. I further affirm that should my authority for the acceptance of such responsibility cease, I will immediately notify the Board.

_____
Signature of Supervising Mortician

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.

AS WITNESS my hand and Notarial Seal.

_____
Notary Public

My Commission Expires: _____

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