



STATE OF MARYLAND

DHMH

Department of Health and Mental Hygiene

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

MARYLAND STATE BOARD OF MORTICIANS AND FUNERAL DIRECTORS

4201 Patterson Avenue • Baltimore, Maryland 21215 • 410-764-4792

APPLICATION FOR REGISTERED CREMATORY OPERATOR

(Non Refundable Registered Crematory Operator Fee - \$300)

Name: _____ Birth Date: _____

Social Security #: _____

Address of Record: _____

Mailing Address: _____

Name and Location of Crematory/ies for which you work:

Present Employment Status:

Full Time: _____ Part Time: _____ Other: _____ (Explain if other)

Work Telephone Number: _____ Employment Type: Owner: _____

Employee: _____

Cell Phone Number: _____

Email Address: _____

PLEASE PROVIDE COPY OF CREMATORY OPERATIONS CERTIFICATION CERTIFICATE AND A PHOTO

I HEREBY ATTEST TO THE FACT THAT I HAVE THE ABILITY TO READ, WRITE, AND COMPREHEND ALL APPLICABLE CREMATION LAWS AND INSTRUCTIONS.

Subscribed and sworn to before me this _____ day of _____

My Commission expires on _____

SEAL

CHARACTER - THIS SECTION MUST BE COMPLETED. ATTACH A DETAILED EXPLANATION FOR EACH QUESTION ANSWERED "YES" IN THIS SECTION.

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 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"/> | 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? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently under investigation or have any complaints 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? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had a physical or mental illness that may presently affect or impair your ability to practice your profession? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been charged with or pled guilty, nolo contendere, been convicted, received probation before judgment or other diversionary disposition of any criminal act or for a controlled dangerous substance offense (excluding minor traffic violations)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your employment by any funeral establishment been affected by disciplinary actions, including probation, suspension, loss of privileges, transfer to other duties, or termination of employment or contract? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you been diagnosed with a physical or mental condition that may affect your ability to practice the profession of crematory operator. |
| <input type="checkbox"/> | <input type="checkbox"/> | Has any claim for damages been filed against you which is pending, has been dismissed, has been settled, or damages have been awarded against you? |

I certify that the above statements, to the best of my knowledge and belief are true, correct, and complete and made in good faith. As a crematory operator, I do solemnly swear to perform my duties in compliance with all laws, rules, and regulations of the State Department of Health and Mental Hygiene, the Maryland Board of Morticians and Funeral Directors, and the State of Maryland.

Applicant Signature

Date