



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

**MARYLAND BOARD OF MORTICIANS AND FUNERAL DIRECTORS**

4201 PATTERSON AVENUE • BALTIMORE, MD 21215 • (410) 764 – 4792

**APPLICATION FOR EXECUTOR LICENSE**

*(Requirements per Title 7-308)*

Included	Required Documents
<input type="checkbox"/>	Notarized BOMFD Supervising Mortician Agreement form
<input type="checkbox"/>	Written verification of appointment as a personal representative
<input type="checkbox"/>	Written verification of the death of the licensee

In addition to the original, notarized application and \$250 non-refundable application fee (check or money order), the above documents are required and must be received **within thirty (30) days** of the death of the deceased mortician, funeral director, or surviving spouse.



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**APPLICATION FOR EXECUTOR LICENSE**

*(Requirements per Title 7-308)*

**Please print clearly.** All sections must be completed. The application must be submitted **within 30 days** of the death of the licensed mortician, funeral director, or surviving spouse. The non-refundable application fee is \$250.

ESTATE OF: \_\_\_\_\_ LIC. NO.: \_\_\_\_\_

ESTABLISHMENT NAME: \_\_\_\_\_

ESTABLISHMENT ADDRESS: \_\_\_\_\_

COUNTY OF ESTATE: \_\_\_\_\_

ESTABLISHMENT TELEPHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_

ESTABLISHMENT LICENSE NO. E: \_\_\_\_\_

ACCOUNT NUMBER OF ESTATE: \_\_\_\_\_

**APPLICANT NAME (APPOINTED PERSONAL REPRESENTATIVE):** \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBER:

HOME (\_\_\_\_) \_\_\_\_\_ WORK (\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_) \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

*(There is a statutory requirement that you disclose your social security number. It will be used for identification and tax compliance purposes only.)*

EMAIL ADDRESS: \_\_\_\_\_

**RACE (Please circle all applicable; for statistical purposes only):**

1 – White    2 – African American    3 – American Indian    4 – Asian    5 – Hispanic    6 – Other

SUPERVISING MORTICIAN NAME: \_\_\_\_\_ LICENSE NO. **M:** \_\_\_\_\_

**LIST ALL LICENSED MORTICIANS EMPLOYED BY THE ESTABLISHMENT WHO WILL PERFORM EMBALMING AND PREPARE FUNERAL ARRANGEMENTS:** (List additional names on a separate sheet.)

NAME: \_\_\_\_\_ LICENSE NO. **M:** \_\_\_\_\_

NAME: \_\_\_\_\_ LICENSE NO. **M:** \_\_\_\_\_

NAME: \_\_\_\_\_ LICENSE NO. **M:** \_\_\_\_\_

NAME: \_\_\_\_\_ LICENSE NO. **M:** \_\_\_\_\_

NAME: \_\_\_\_\_ LICENSE NO. **M:** \_\_\_\_\_

NAME: \_\_\_\_\_ LICENSE NO. **M:** \_\_\_\_\_

**Notice for Mailing List**

The information collected on this application form is collected for the purposes of the Maryland Board of Morticians and Funeral Directors' functions under Maryland Health Occupations Code Annotated, Title 7. Failure to provide the information may result in denial of your application. You have a right to inspect, amend, and request correction of this information. The Board may permit inspection of this information or make it available to others only as permitted by Federal and State law. Under the Maryland Public Information Act, Maryland State Government Code Annotated §10-617, the Board may provide, for a fee, a list of licensees' names and addresses to professional associations and other entities. You may request in writing that your name be omitted from such lists.

**Notice**

Maryland and Federal laws require that the Maryland Board of Morticians and Funeral Directors obtain the social security number or federal tax identification number of any person applying for a professional license for the following purposes:

- Administration of the Child Support Enforcement Program (Md. Code Ann., Family Law Article § 10-119.3).
- Identification by the Maryland Department of Assessments and Taxation of new businesses in the State (Md. Code Annotated, Health Occupations § 1-210).
- Comply with federal law which authorizes state governments to use or disclose Social Security numbers in connection with tax matters, including compliance with the payment of taxes (42 U.S.C.A. § 405(c)(2)(C)(i)).

The Board may permit inspection of this information only in accordance with State and federal law.

**Applicant and Supervising Mortician Signatures**

I certify that the above statements, to the best of my knowledge and belief are true, correct, complete, and made in good faith. I certify that the business will continue to be operated in the same manner or mode as it had been operated at the death of the licensed mortician or funeral director. I do solemnly swear to perform my duties in compliance with all laws, rules, and regulations of the Maryland State Department of Health, the Maryland Board of Morticians and Funeral Directors, and the State of Maryland.

\_\_\_\_\_  
**Signature of Applicant** **Date**

\_\_\_\_\_  
**Signature of Supervising Mortician** **Date**

**STATE:** \_\_\_\_\_

**CITY/COUNTY:** \_\_\_\_\_

I **HEREBY CERTIFY** that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me, a Notary Public of the State and City/County aforesaid, personally appeared \_\_\_\_\_  
**Applicant** and made oath in due form of law that signing the foregoing Application for Licensure was the voluntary act and deed of \_\_\_\_\_.  
**Applicant**

**AS WITNESSETH** my hand and Notarial Seal.

**SEAL**

\_\_\_\_\_  
**Notary Public**

**My Commission Expires:** \_\_\_\_\_



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**SUPERVISING MORTICIAN AGREEMENT FORM**

(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.: **M** \_\_\_\_\_, understand that I  
*Supervising Mortician Printed Name*

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,  
*Establishment Name and Number*

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.

\_\_\_\_\_  
*Supervising Mortician Signature\**

\* requires notarization (page 5)

**NOTARIZATION**

**STATE:** \_\_\_\_\_

**CITY/COUNTY:** \_\_\_\_\_

**I HEREBY CERTIFY** that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me, a Notary Public of the State and City/County aforesaid, personally appeared \_\_\_\_\_  
Licensee  
and made oath in due form of law that signing the foregoing Application for Licensure was the voluntary act and deed of \_\_\_\_\_.  
Licensee

**AS WITNESSETH** my hand and Notarial Seal.

**SEAL**

\_\_\_\_\_  
**Notary Public**

**My Commission Expires:** \_\_\_\_\_