



**DEPARTMENT OF HEALTH**

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 INACTIVE STATUS**

*(Requirements per Title 7-321)*

**Please print clearly.** The non-refundable application fee is \$300. All sections must be completed. Inactive status must be requested for each renewal period.

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

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

TELEPHONE NUMBER: HOME (\_\_\_\_) \_\_\_\_\_ WORK: (\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_) \_\_\_\_\_

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

I hereby request to place my license on Inactive Status. I certify that the above statements, to the best of my knowledge and belief are true, correct, complete, and made in good faith. I understand that while on Inactive Status, I may not practice mortuary science or funeral direction in the state of Maryland. I will comply with Maryland Annotated Code, Health Occupation Article, Title 7, §7-321 and COMAR 10.29.04.02. I will contact the Maryland Board of Morticians and Funeral Directors when I decide to reactivate the license and will comply with all procedures for reactivation. I understand that the practice of mortuary science or funeral direction without an active license is a violation of the Morticians Act.

\_\_\_\_\_  
**Signature of Licensee** **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 \_\_\_\_\_

**Licensee**

and made oath in due form of law that signing the foregoing Application for Inactive Status was the voluntary act and deed of

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

Licensee

SEAL

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

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