

MARYLAND STATE BOARD OF MORTICIANS AND FUNERAL DIRECTORS
TERMINATION OF SPONSOR-APPRENTICE RELATIONSHIP
REPORTING OF FUNERAL ASSISTS WORKSHEET

In accordance with Health Occupations Article, Title 7, §7-306(c)(3)-(4) and COMAR 10.29.09.07 the following information shall be notarized and submitted to the Board independently by both the sponsor and the apprentice within 30 days of the termination.

NAME OF APPRENTICE _____ License# **A** _____

NAME OF SPONSOR _____ License# **M** _____

PLACE OF EMPLOYMENT

APPRENTICESHIP HOURS: BEGAN _____ ENDED _____

NUMBER OF APPRENTICESHIP HOURS COMPLETED _____

BELOW PLEASE LIST AND DOCUMENT THE FOLLOWING INFORMATION REGARDING THE APPRENTICE'S ASSISTANCE FOR THE FUNERAL SERVICE AND EMBALMING OF:

FUNERALS

NAME	DATE OF DEATH	BURIAL DATE	CHURCH/F.H
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____
13. _____	_____	_____	_____
14. _____	_____	_____	_____
15. _____	_____	_____	_____
16. _____	_____	_____	_____
17. _____	_____	_____	_____
18. _____	_____	_____	_____
19. _____	_____	_____	_____
20. _____	_____	_____	_____

EMBALMINGS: IN ACCORDANCE WITH COMAR 10.29.09 REQUIREMENTS FOR APPRENTICESHIP REGULATION, COPIES OF EMBALMING REPORTS SIGNED BY THE APPRENTICE AND APPRENTICE SPONSOR DOCUMENTING THE APPRENTICE'S PARTICIPATION MUST BE SUBMITTED FOR THE CASES LISTED BELOW.

NAME	DATE OF DEATH	DATE OF EMBALMING	MORTICIAN'S LICENSE NO.
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			
7. _____			
8. _____			
9. _____			
10. _____			
11. _____			
12. _____			
13. _____			
14. _____			
15. _____			
16. _____			
17. _____			
18. _____			
19. _____			
20. _____			

Signature of Apprentice Date

Signature of Sponsor Date

Subscribed and sworn to before me this _____ day of _____, 20_____
My commission expires on _____. As witness my hand and seal

THIS APPLICATION MUST BE SWORN TO BEFORE A NOTARY PUBLIC