

MARYLAND BOARD OF MORTICIANS AND FUNERAL DIRECTORS

4201 Patterson Avenue

Baltimore, MD 21215

Telephone Number: 410-764-4792

**INSTRUCTIONS
FOR
PERSONAL REPRESENTATIVE LICENSE**

NOTE:

- Please carefully review the law noted on the attached application form, specifically §7-308.
- Please complete the entire application form.
- Please have the Supervising Mortician complete and have notarized the attached form entitled, "Supervising Mortician Certification of Responsibility"
- Please submit to the Board the following:
 - Completed "Application for Personal Representative License" form
 - Completed and Notarized "Supervising Mortician Certification of Responsibility" form
 - Documentation that the above-noted applicant is the appointed personal representative of the deceased licensee's estate in accordance with Title 5 of the Estates and Trusts Article – Submit to the Board of Morticians a certified copy of the "Letters of Administration".
 - Within 30 days, submits to the Board of Morticians verification of the death of the licensed mortician or funeral director.
 - The fee noted on this application form in check form made payable to the Maryland Board of Morticians.

MARYLAND BOARD OF MORTICIANS AND FUNERAL DIRECTORS
4201 Patterson Avenue
Baltimore, MD 21215-2299

APPLICATION FOR PERSONAL REPRESENTATIVE LICENSE
(The Personal Representative License is only issued for a six (6) month period and cannot be renewed.)

FEE: \$150 – Check Made Payable to the Maryland Board of Morticians

Health Occupations Article, Annotated Code of Maryland, Title 7, Morticians Act
§7-308.1. Personal Representative License

(a) In general.- A personal representative of a deceased mortician's or funeral director's estate shall be licensed by the Board before continuing operation of the mortuary science business.

(b) Requirements.- The Board shall issue an executor license to an applicant if the applicant:

(1) Is the appointed personal representative of a deceased mortician's or funeral director's estate in accordance with the requirements established in Title 5 of the Estates and Trusts Article;

(2) Submits to the Board, within 30 days of the death of the licensed mortician or funeral director, written verification of the death of the licensee, written verification of appointment as a personal representative, and the application required by the Board; and

(3) Pays a fee set by the Board.

(c) Sale of business permitted.- Nothing in this section shall prevent a personal representative from selling the mortuary science business that was operated and wholly or partly owned by the licensed funeral director or licensed mortician.

(d) Authorized activities.- Except as provided in subsection (c) of this section, while an executor license is effective, it authorizes the licensee to:

(1) Continue operation of the mortuary science business that had been operated and wholly or partly owned by the deceased mortician or funeral director; and

(2) Assist with the planning and conducting of funeral services for that mortuary science business.

(e) Licensed mortician required.- The Board may issue a license under this section only if:

(1) The business is operated under the direct supervision of a licensed mortician or funeral director; and

(2) The embalming services are provided by a licensed mortician.

(f) Expiration.- Notwithstanding the provisions of § 7-314 of this subtitle, an executor license is valid for six months from the date of issuance and may not be renewed or reinstated after expiration.

(g) Continuation after expiration. – A personal representative who wishes to continue operation of a mortuary science business upon expiration of the executor license must qualify and be licensed as a mortician or a funeral director, or be the holder of a surviving spouse or corporation license.

ESTATE OF: _____
(Name and License Number of Deceased Licensee)

FUNERAL ESTABLISHMENT LICENSE NUMBER: _____

FUNERAL ESTABLISHMENT NAME: _____

ADDRESS: _____

NAME OF APPLICANT: _____

ADDRESS: _____

HOME TELEPHONE #: _____ BUSINESS TELEPHONE #: _____

Signature of Applicant _____ Date _____

NAME OF SUPERVISING MORTICIAN: _____ LICENSE #: _____

ADDRESS: _____

HOME TELEPHONE #: _____

Signature of Supervising Mortician _____ Date _____

Required Documentation: The following documentation must accompany this application.

- Documentation that the above-noted applicant is the appointed personal representative of the deceased licensee's estate in accordance with Title 5 of the Estates and Trusts Article – Submit to the Board of Morticians a certified copy of the "Letters of Administration".
- Within 30 days, submits to the Board of Morticians verification of the death of the licensed mortician or funeral director.
- Submits to the Board of Morticians the fee noted on this application form in check form.



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
4201 Patterson Avenue • Baltimore, Maryland 21215-2299

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

State Board of Morticians and Funeral Directors

**SUPERVISING MORTICIAN CERTIFICATION OF RESPONSIBILITY
For Personal Representative Licensee**

I _____ License No. _____, understand that I shall be the supervising mortician of

(Supervising Mortician)

said funeral establishment and shall, therefore, be responsible for all transactions conducted within the funeral establishment and throughout its entire scope of services, including responsibilities for all advertisements made in connection with said funeral 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 services by _____, funeral establishment, and the employees of the funeral establishment. I further agree that the funeral establishment operated under the Personal Representative License shall be equipped, maintained and conducted strictly in compliance with the laws of the State of Maryland, in particular, with the Mortician Act, Title 7, Health Occupations Article, 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)

The Health Occupations Article, §1-202, requires that you verify that you are complying with the Worker's Compensation Law for your renewal to be issued.

I hereby certify one of the following:

I do not practice in Maryland

I do not employ anyone in Maryland

I employ one or more persons in Maryland and have the following Worker's Compensation coverage.

Insurance Company (Worker's Compensation only)

Policy Number

Expiration Date

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: _____

410-764-4792 • Fax 410-358-6571

Toll Free 1-877-4MD-DHMH • TTY for Disabled – Maryland Relay Service 1-800-735-2258

Web Site: www.dhmh.state.md.us/bom