

Mortuary Science Initial License

APPLICATION FOR INITIAL LICENSE TO PRACTICE MORTUARY SCIENCE

MINNESOTA GOVERNMENT DATA PRACTICE ACT NOTICE. This notice is given pursuant to Minnesota Statutes, sections 13.04, subdivision 2, and 13.41, subdivision 2. The Minnesota Department of Health will use information you provide in this application to determine if you meet Chapter 149A requirements for licensure. You are not legally required to supply the requested information. However, **FAILURE TO PROVIDE INFORMATION OR THE SUBMISSION OF FALSE OR MISLEADING INFORMATION MAY DELAY THE PROCESSING OF YOUR APPLICATION OR MAY BE GROUNDS FOR DENYING YOUR APPLICATION.** All data, except your name and address, are considered private until you are licensed. *When you become licensed, the application data (except SSN) becomes public.* Information submitted in this licensing application may, in some circumstances, be disclosed to other persons or entities including the Minnesota Department of Health and its staff, staff of the Attorney General's office, and persons whom they contact including any person to whom the commissioner must refer the application or parts thereof for verification purposes or determination of your qualifications, and to persons you designate. In addition, if the matter of your license becomes contested and thereby results either in a contested-case hearing or litigation, the data submitted by you or on your behalf may also become accessible those associated with such proceedings, and thereby become public data.

The undersigned hereby submits this application to renew a license to practice mortuary science subject to provisions of Minnesota Statutes, section 149A.

Include an application fee of \$200.00 payable to the Minnesota Department of Health.

Applicant Information

Last Name		First Name		Middle	
Mailing Address		City	State	Zip	
Phone Number		Cell Phone			
Email Address		Fax Number			
Social Security Number (required by MN Statutes section 270C.72, subd.4)				Date of Birth	

Have you ever used another name under which records may be filed concerning your application, including your education, training, or experience?

Yes No If yes, name(s) used _____

Employment Information

Name of Establishment Establishment License Number

Mailing Address City State Zip

Email Address Phone Number Fax Number

List Additional Work Location(s) and Establishment License Number(s)

Designated address, which you will receive correspondence from the department regarding your license and which will be public information: (choose one) Home Employer

Internship Information

Supervisor's Name and License Number

Supervisor's Phone Number and Email

Establishment Name and License Number

I certify that the information provided on this form is true and correct to the best of my knowledge. I understand that misstatement of facts may results in denial of this application.

Signature of Applicant Date

Signature of Supervising Mortician Date

Notary

Subscribed and sworn to before this _____ day of _____, 20____.

Notary Signature

Minnesota Department of Health
PO Box 64882
St. Paul, MN 55164-0882
651-201-4200
health.mortsci@state.mn.us

5/4/21

To obtain this information in a different format, call: 651-201-4200.