

# Mortuary Science

## NOTIFICATION TO TRANSFER BY LICENSED INTERN

The undersigned hereby notifies the Commissioner of changes in information provided on the intern registration application subject to the provisions of Minnesota Statutes, section 149A and rules adopted thereunder. There is no fee required with this notification.

### Current Information

---

Name of Intern

---

Phone Number

---

Name of Establishment (Current Internship)

Establishment License Number

---

Last day of employment at this establishment

### Transfer Information

---

Name of Establishment where internship is transferring to

Establishment License Number

---

City

---

First day of Employment at this Establishment

---

Name of Mortician Acting as your Supervising Mortician

License Number

---

Signature of Applicant

Date

Along with this application, you must submit a new supervising mortician registration form.

Minnesota Department of Health  
PO Box 64882  
St. Paul, MN 55164-0882  
651-201-3829  
health.mortsci@state.mn.us  
www.health.state.mn.us

07/27/2017

*To obtain this information in a different format, call: 651-201-3829. Printed on recycled paper.*