



Minnesota Department of Health
Mortuary Science Section
P.O. Box 64882
St. Paul, Minnesota 55164-0882
Phone (651)201-3829 Fax (651)201-3839

Application for Mortician Emeritus Status License

Type the following parts of this application. The undersigned hereby makes application for a mortician emeritus status license subject to the provisions of Minnesota Statutes, section 149A.45. Include application fee of \$50.00 payable to: Commissioner of Finance.

1. Name of Applicant \_\_\_\_\_

2a. Address \_\_\_\_\_

2b. City \_\_\_\_\_ 2c. State \_\_\_\_\_ 2d. Zip \_\_\_\_\_ 2e. County \_\_\_\_\_

3. Phone \_\_\_\_\_

4a. Date of birth \_\_\_\_\_ 4b. Age \_\_\_\_\_

5. Mortuary Science License Number of applicant: M- \_\_\_\_\_

6a. Signature of applicant \_\_\_\_\_ 6b. Date signed \_\_\_\_\_

7a. Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

7b. Signature of Notary Public \_\_\_\_\_

7c. Notary Stamp

[Empty rectangular box for Notary Stamp]

Except for your name and address, all of the information on this form is private until such time as the issuance of the license, after which all the information becomes public pursuant to Minnesota Statutes, section 13.41.