



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

Notification of Transfer by Licensed Intern

Type the following parts of this application. 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.20, subd. 6 and subd. 12 and rules adopted thereunder. There is no fee required with this notification.

1. Name of Intern _____

2a. Address _____

2b. City _____ 2c. State _____ 2d. Zip _____ 2e. County _____

3a. Phone _____ 3b. Social Security Number _____

4a. Date of birth _____ 4b. Age _____ 4c. Male _____ Female _____

5a. Name of funeral establishment where internship is currently being served: _____

5b. License Number: _____

5c. Last day of employment at this establishment: _____

6a. Name of funeral establishment where internship will be served: _____

6b. License Number: _____

6c. City: _____ 6d. State: _____ 6e. Phone number: _____

6f. First day of employment at this establishment: _____

7a. Name of mortician acting as your preceptor: _____

7b. License Number: _____

8a. Signature of intern: _____ 8b. Date signed: _____

9a. Subscribed and sworn to before me this _____ day of _____, 20_____.

9b. Signature of Notary Public _____

9c. 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.

Item 3b is required pursuant to Minnesota Statutes, section 270.72.