



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

Mortuary Science Internship Registration

Type the following parts of this application. The undersigned hereby makes application to serve an internship in mortuary science subject to the provisions of Minnesota Statutes, section 149A.20 and 149A.65. 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 _____ 4c. Male _____ Female _____

5. Identify name of funeral establishment where internship will be served.

5a. Name _____ 5b. License number _____

5c. Address _____

5d. City _____ 5e. State _____ 5f. Zip _____

5g. Phone _____ 5h. Fax _____

6. Identify Minnesota licensed mortician supervising applicant's internship.

6a. Name _____ 6b. License number _____

7. Starting date of internship _____

8. You must include the following information with this application: (unless 8a - 8c has already been submitted on "Licensing Examination" form.)

8a. Certified College Transcripts

8b. Certified Mortuary Science School Transcripts

8c. National Board Examination Results (official report)

9a. Signature of applicant _____ 9b. Date signed _____

10a. Subscribed and sworn to before me this ____ day of _____, 20____.

10b. Signature of Notary Public _____

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.

Approval of this Internship Registration is subject to, among other requirements, passage of the Minnesota Licensing Examination.

HE-01503-03

10c. Notary Stamp