



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 Initial License to Practice Mortuary Science**

*Please type. The undersigned hereby makes application to renew a license to practice mortuary science subject to the provisions of Minnesota Statutes, section 149A.20 and 149A.65. Include fee of \$137.50\* payable to: Commissioner of Finance.*

1a. Name of Applicant \_\_\_\_\_ 1b. License No. \_\_\_\_\_  
 (First) (M.I.) (Last)

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

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

2f. E-mail address \_\_\_\_\_

3a. Phone \_\_\_\_\_ 3b.\*\* Social Security Number \_\_\_\_\_

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

5. Identify name of Minnesota funeral establishment where internship was completed.

5a. Name \_\_\_\_\_

5b. Address \_\_\_\_\_

5c. City \_\_\_\_\_ 5d. State \_\_\_\_\_ 5e. Zip \_\_\_\_\_

5f. Phone \_\_\_\_\_ 5g. Fax \_\_\_\_\_

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

6a. Name \_\_\_\_\_ 6b. License Number \_\_\_\_\_

7. Dates of Internship

7a. Starting date \_\_\_\_\_ 7b. Completion date \_\_\_\_\_

8. 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 result in denial of this application.

8a. Signature of applicant \_\_\_\_\_ 8b. Date signed \_\_\_\_\_

8c. Signature of supervising mortician \_\_\_\_\_ 8c. Date signed \_\_\_\_\_

9a. Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

9b. Signature of Notary \_\_\_\_\_

9c. Notary Stamp

\*\*Item 3b is required pursuant to Minnesota Statutes, section 270.72.  
 Except for your name and address, all of the information on this form is private until such time as the license is issued, after which all the information becomes public pursuant to Minnesota Statutes, section 13.41. (Your social security number is not public data.)

**\*Electronic licensing surcharge.** This licensure fee contains an electronic licensing surcharge. The Minnesota Office of Enterprise Technology (OET) recently sponsored and the Minnesota Legislature passed legislation requiring a 10% surcharge of no less than \$5 and no more than \$150 on each business, commercial, professional or occupational license. The funding from this surcharge will go to OET, which will establish an electronic licensing system for the state. The surcharge will be in place through June 30, 2015. See Laws of Minnesota 2009, Chapter 101, Article 2, Section 59.