



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 Mortuary Science Reciprocal License

The undersigned hereby makes application for a license to practice mortuary science subject to the provisions of Minnesota Statutes, section 149A.30 and 149A.65. Include application fee of \$250.00 payable to: Commissioner of Finance.

1. Name of Applicant _____

2a. Address _____

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

3a. Phone _____ 3b. E-mail _____

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

5. List all mortuary science, mortician, embalmer, or funeral director license(s) currently held by applicant: (List additional licenses on back if necessary.)

5a. State of issue _____ 5a. State of issue _____

5b. Year issued _____ 5b. Year issued _____

5c. License number _____ 5c. License number _____

5d. State Regulatory Agency _____ 5d. State Regulatory Agency _____

5e. Phone number of 5d. _____ 5e. Phone number of 5d. _____

6. You must include with this application a copy of the licensing statute that was in effect when the license(s) (listed in 5a above) first issued.

7a. Signature of applicant _____ 7b. Date signed _____

8a. Subscribed and sworn to before me this _____ day of _____, 20 _____.

8b. Signature of Notary _____

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 license is subject to, among other requirements, passage of the Minnesota Licensing Examination.

8c. Notary Stamp