

# Mortuary Science

## COVID-19 TEMPORARY LICENSING APPLICATION

### Instructions

In order to apply for a temporary license, you must submit the following information:

- This application filled out completely and accurately.
- Copy of your driver's license or State I.D.
- Electronic verification letter(s) from **all states** you hold a mortuary science license.

**You must send all of the above electronically to [health.mortsci@state.mn.us](mailto:health.mortsci@state.mn.us) in order for your license to be processed.**

### **MINNESOTA GOVERNMENT DATA PRACTICE ACT NOTICE.**

This notice is given pursuant to Minnesota Statutes, sections 13.04, subdivision 2, and 13.41, subdivision 2. The Commissioner of the Minnesota Department of Health (Commissioner) will use information you provide in this application to determine if you meet Chapter 149A requirements for licensure. You are not legally required to supply the requested information. However, failure to provide information or the submission of false or misleading information may delay the processing of your application or may be grounds for denying your application.

All data, except your name and address, submitted by you or on your behalf are considered private until you are licensed. "Private" data is data that is not public and is accessible to you. *When you become licensed, the application data (except SSN) becomes public.* Information submitted to the Commissioner in this licensing application may, in some circumstances, be disclosed to other persons or entities including the Minnesota Department of Health and its staff, staff of the Attorney General's office, and persons whom they contact including any person to whom the Commissioner must refer the application or parts thereof for verification purposes or determination of your qualifications, and to persons you designate. In addition, if the matter of your license becomes contested and thereby results either in a contested-case hearing or litigation, the data submitted by you or on your behalf may also become accessible to the Minnesota Office of Administrative Hearings, appropriate courts, and those associated with such proceedings, and thereby become public data.

The undersigned hereby submits this application to practice mortuary science subject to the provisions of Minnesota Statutes section 149A.

## Applicant Information

Funeral Director

Embalmer

Both

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Last Name	First Name	Middle
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Mailing Address	City	State	Zip
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Home Phone	Cell Phone
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Email Address	Fax Number
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Social Security Number (required by MN Statute section 270C.72, subd. 4)	Date of Birth (MONTH/DAY/YEAR)
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## Mortician License Information

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State of Issue	Year Issued	License Number
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State Regulatory Agency	State Regulatory Agency Phone Number
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State of Issue	Year Issued	License Number
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State Regulatory Agency	State Regulatory Agency Phone Number
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## Minnesota Establishment(s) Where You Will be Providing Services

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Name of Establishment	Establishment License Number
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Name of Establishment	Establishment License Number
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Name of Establishment	Establishment License Number
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Name of Establishment	Establishment License Number
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Name of Establishment	Establishment License Number
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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 results in denial of this application.

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Signature of Applicant

Minnesota Department of  
Health PO Box 64882  
St. Paul, MN 55164-0882  
651-201-3829  
[Health.mortsci@state.mn.us](mailto:Health.mortsci@state.mn.us)  
[www.health.state.mn.us](http://www.health.state.mn.us)

Notary Stamp:

6/3/20

To obtain this information in a different format, call: 651-201-3829. Printed on recycled paper.