

Initial Mortician License / Internship Supervisor Affidavit

Supervising morticians are required to complete this form. Applications for initial licensure without supervision information will not be processed.

Intern Information:

Intern Name: _____

Intern Registration Number (OpenGov ID#): _____

Intern's Email: _____

Supervisor Information:

Supervisor's Name: _____

Supervisor's License Number: _____

Supervisor's Telephone: _____

Supervisor's Email: _____

Establishment Name: _____

License Number: _____

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.

Signature of Applicant: _____

Date: _____

Signature of Supervising Mortician: _____

Date: _____

Notary

Subscribed and sworn to before this _____ day of _____, 20____

Signature of Notary: _____

Minnesota Department of Health
Health Regulation Division
Mortuary Science Section
health.mortsci@state.mn.us
www.health.state.mn.us

07/18/2025

To obtain this information in a different format, call: 651-201-4200.