

Mortuary Science

APPLICATION FOR MORTICIAN EMERITUS STATUS LICENSE

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 for a mortician emeritus status license subject to provisions of Minnesota Statutes, section 149A. Include an application fee of \$50.00 payable to: Commissioner of Finance.

Applicant Information

Last Name		First Name	Middle	
Home Address		City	State	Zip
Mailing Address <input type="checkbox"/> Same as Home Address		City	State	Zip
Date of Birth (MM/DD/YYYY)		Mortuary Science License Number		
Phone Number		Email Address		

Except for you name and address, all of the information on this form is private until such time as the issuance of license, after which all the information becomes public pursuant to Minnesota Statutes, section 13.41.

Signature of Applicant	Date
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Minnesota Department of Health
PO Box 64882
St. Paul, MN 55164-0882
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www.health.state.mn.us

07/25/2017

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