

Internship Supervisor Affidavit

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

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
PO Box 64882
St. Paul, MN 55164-0882
651-201-4200
health.mortsci@state.mn.us
www.health.state.mn.us

04/18/2024

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