

Change of Information

REGISTERED INTERNS AND LICENSED MORTICIANS

Minnesota statute requires licensees to notify the Minnesota Department of Health (MDH) **within thirty days** when there is a change of name, employment, address or supervisor.

[Minn. Stat. 149A.20 Subd. 6\(b\) \(https://www.revisor.mn.gov/statutes/2021/cite/149A.20\)](https://www.revisor.mn.gov/statutes/2021/cite/149A.20)

[Minn. Stat. 149A.40 Subd. 9 \(https://www.revisor.mn.gov/statutes/cite/149A.40\)](https://www.revisor.mn.gov/statutes/cite/149A.40)

- Complete any section(s) that require a change of information.
- Information marked with an asterisk (*) is required to process the change of information.
- Current or previous information must be provided for any information that is being updated (i.e., you must include both the previous and new home address if that is the information you need to update).

Change of Name

**Must provide a copy of a marriage certificate or court order with your name change request.*

*Current Registration/Licensee Legal Name: _____

*MDH Registration/License Number: _____

*Effective Date of Change (mm/dd/yyyy): _____

New Registrant/Licensee Legal Name: _____

Change of Contact Information

**Please designate the address in which you will receive correspondence from MDH regarding your license. Critical information about license renewals will be sent to your email address.*

Home Employer Other

*MDH Registrant/Licensee Name: _____

*MDH Registration/License Number: _____

*Effective Date of Change (mm/dd/yyyy): _____

Previous Home Address: _____

New Home Address: _____

City, State, & Zip: _____

Previous Mailing Address: _____

New Mailing Address: _____

City, State, & Zip: _____

Previous Phone Number: _____

New Phone Number: _____

Previous E-mail Address: _____

New E-mail Address: _____

Change of Supervisor or Establishment for Intern Registration

*MDH Registrant Name: _____

*MDH Registration Number: _____

*Effective Date of Change (mm/dd/yyyy): _____

Previous Mortician Supervisor's Name: _____

Previous Mortician Supervisor's License Number: _____

Previous Mortician Supervisor's Establishment Name: _____

Previous Mortician Supervisor's Establishment License Number: _____

Previous Mortician Supervisor's Establishment Address: _____

New Mortician Supervisor's Name: _____

New Mortician Supervisor's License Number: _____

New Mortician Supervisor Email: _____

New Mortician Supervisor's Establishment Name: _____

New Mortician Supervisor's Establishment License Number: _____

New Mortician Supervisor's Establishment Address: _____

City, State, & Zip: _____

I acknowledge that the intern under my supervision is required to participate in a minimum of 25 each: embalming's, arrangements, and funeral/memorial services (for a total of 75). Interns are responsible for completing and submitting case reports prior to the completion of an internship. As a supervising mortician I am responsible for reviewing, approving, and signing all internship case reports prior to submission. In addition, it is my responsibility to review Internship Time Sheets for accuracy and to validate that each of the internship requirements are fulfilled.

*New Mortician Supervisor Signature: _____

*Date (mm/dd/yyyy): _____

Change of Employment for Licensee

Please attach additional pages if you have more than one employment change to report.

*MDH Licensee Name: _____

*MDH License Number: _____

CHANGE OF INFORMATION FOR MORTUARY SCIENCE

*Effective Date of Change (mm/dd/yyyy): _____

Previous Employer Name: _____

Previous Employment Address: _____

City, State, & Zip: _____

New Employment Establishment License Number: _____

Previous Employment End-Date (mm/dd/yyyy): _____

New Employer Name: _____

New Employment Address: _____

City, State, & Zip: _____

New Employment Establishment License Number: _____

Signature

I acknowledge the information provided on this form is correct and authorize MDH to accept the requested changes. MDH will accept electronic signatures.

*Registrant/Licensee Name (print): _____

*Registrant/Licensee Signature: _____

*Date (mm/dd/yyyy): _____

Return this Completed Document to:

health.mortsci@state.mn.us

Minnesota Department of Health
Health Regulation Division
Mortuary Science Licensing & Registration
PO Box 64882
St. Paul, MN 55164-0882
Phone 651-201-4200
health.mortsci@state.mn.us
[Mortuary Science \(https://www.health.state.mn.us/facilities/providers/mortsci/\)](https://www.health.state.mn.us/facilities/providers/mortsci/)

08/01/2023

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