



North Dakota State Board of Funeral Service

Application for Registration as an Intern Embalmer

I hereby make application to become certified as an INTERN EMBALMER under the requirements of the North Dakota State Board of Funeral Service.

Name: _____
Last First Middle

Address: _____
Street address or Post Office Box City State Zip

E-mail address: _____

Date and place of birth: _____

Social Security Number: _____
I have completed the following secondary and higher education:

High School: _____ Year Graduated _____

College or University: _____ Credit Hours Earned _____

_____ Credit Hours Earned _____

Degree earned: _____

Mortuary College: _____ Year Graduated _____

Conference Examination Taken: _____ Pass _____ Fail _____

It is my intention to begin my internship as an embalmer under
_____ of the _____ Funeral Home
in _____, who holds North Dakota Funeral Practitioner's license
number _____.

Dated this _____ day of _____, 20 _____.

Signature of Applicant

STATE OF _____

County of _____

On this _____ day of _____, 20 _____ the applicant herein personally
appeared before me, a Notary Public in and for the County of _____, State of
_____, and being first duly sworn, acknowledged that the above state-
ments are true and correct.

(SEAL)

Notary Public _____ County
State of _____
My commission expires _____

Recommendation

I, the undersigned, a resident of _____
County - City - State

hereby certify that I have personally been acquainted
with _____

for _____ years and I know him/her to be a person of good moral character and worthy of favorable recognition by the North Dakota State Board of Funeral Service and I further believe that he/she is a fit and proper person to become licensed as a funeral practitioner in the state of North Dakota.

Signed: _____
Address: _____
City - State: _____
Occupation: _____

INSTRUCTIONS

An applicant for registration as an intern embalmer must be 18 years of age verified by a copy of their birth certificate. The applicant must have completed 90 quarter (60 semester) hours in an accredited college or university . The applicant must also have graduated from an accredited mortuary college. A fee of \$50.00 must accompany this application.

DO NOT FILL THE BLANKS BELOW

Application for Intern Embalmer

No. _____

Name: _____

Residence: _____

Age: _____

Filed: _____ 20 _____

Fee paid _____ 20 _____

Entered in Register _____ 20 _____

Card Issued _____ 20 _____

Internship refused _____ 20 _____

JUNE/06

CERTIFICATE FROM EMBALMER WHOM INTERNSHIP IS TO BE SERVED

I, _____ of the city of _____, State of _____
_____ holding North Dakota Funeral Practitioner License No. _____

do hereby certify that if the applicant: _____ (Name) is granted an internship certificate, I will instruct him/her in embalming procedures, State Rules and Regulations and professionalism in funeral service. If he/she should discontinue his/her Internship under me, I will inform the Executive Secretary of the North Dakota State Board of Funeral Service.

(Signed)