



# 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: \_\_\_\_\_

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 \_\_\_\_\_  
Full name

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.

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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 \_\_\_\_

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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)