

Name (First, Middle, Last)

CSCL/LMS 060 (09/21)
Page 1 of 1
Corporations, Securities & Commercial Licensing
Licensing Division
P.O. Box 30018
Lansing MI 48909
517-241-9221
www.michigan.gov/mortuaryscience

Date of Birth

U.S. Social Security Number

APPLICATION FOR MORTUARY SCIENCE LICENSE, RECIPROCAL LICENSE OR RELICENSURE

Authority: 1980 PA 299, MCL 338.3434a, and 42 USC 654

Penalty: FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DENIAL OF THE APPLICATION AND/OR DISCIPLINARY ACTION.

Address City State Zip Code License Number Telephone Number E-mail Address E-mail Address E-mail Address E-mail Address							
I have the ability and will serve the public in a fair, honest and open manner. If I have had a judgment of guilt in a criminal proceeding or a civil action against me, I am rehabilitated, or the substance of my former offense is not reasonably related to the occupation or profession for which I am seeking a license. Yes No Do you have any unsatisfied penaltiles and conditions imposed by disciplinary action in this state or any other jurisdiction? Yes No Required Additional Documents Transcripts Trans	Address		City		State	Zip Code	
me, I am rehabilitated, or the substance of my former offense is not reasonably related to the occupation or profession for which I am seeking a license. Yes No Roseaured Actificianal Documents • Transcriptis • National Exam Scores • Final "Embalming and Resident Trainee Rating Report" record (for new applicants only if the report has not been received by our office) • A certified statement from the examining board of the state in which you hold a license that shows the basis on which the license was granted, and whether that boar has suspended, revoked, or limited that license (for reciprocal applicants only). • If requesting a few valver as a midridual who is an ember of the armed forces or under honorable conditions (general) character of service with an honorable character of service or under honorable conditions (general) character of service. • If requesting a few valver as an individual who is an ember of the armed forces or under honorable conditions (general) character of service. • If requesting a few valver as an individual who is an ember of the armed forces or under honorable conditions (general) character of service. • If requesting a few valver as an individual who is an ember of the armed forces or under honorable conditions (general) character of service. • If requesting a few valver as an individual who is an ember of the armed forces or under honorable conditions (general) character of service. • If requesting a few valver as an individual who is an ember of the armed forces or under honorable conditions (general) character of service. • If requesting a few valver as an individual who is an ember of the armed forces or under honorable conditions (general) character of service. • If expending a few valver as an individual who is an ember of the armed forces or under honorable conditions (general) character of service. • If expending a few valver as an individual who is an ember of the armed forces or under honorable character of service. • Final Type of the few parts of the ser	License Number	Telephone Numbe	er er	E-mail Address		L	
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