



APPLICATION FOR TEMPORARY MORTUARY SCIENCE RELICENSURE

Authority: Public Health Epidemic Order Issued 5/4/2020 by MDHHS

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

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I have no prior or pending disciplinary action taken against this license. Yes No				
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Certification <p>I certify that the statements in this document are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law. I agree the Department is required by law to obtain my social security number pursuant to MCL 338.3434a.</p> <div style="display: flex; justify-content: space-between;"><div>_____ Signature</div><div>_____ Date</div></div>				
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