



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Application for Registration as an Apprentice Embalmer

Instructions: This application, employer affidavit, official transcript(s) and National Board Examination Scores (sent directly to this office from the prime sources) must be on file in this office before a permit may be issued.

First Name: _____ Last Name: _____ MI: ____ Maiden Name: _____

Social Security No.: _____ - _____ - _____ E-mail: _____

Address: _____
Street City State Zip

Phone Number: (____) _____ Date of Birth: ____/____/____ Gender: _____

Accredited Mortuary Science College: _____

Type of Degree Earned: Baccalaureate Associates Diploma Date Earned: _____

Other College(s) Attended: _____ Degree: _____

I have arranged to obtain my apprenticeship under the supervision of the licensed embalmer(s) named below:

_____ License Number: _____

_____ License Number: _____

Name of Firm or Funeral Home: _____ License Number: _____

Located at: _____

I agree to have the supervisor named above provide the Department and accurate list of the 50 supervised embalmings during my apprenticeship. I agree that I will obey the laws of the State of Connecticut and the Rules and Regulations of the Department of Public Health.

Tape a recent photograph of applicant here.
DO NOT STAPLE

On this ____ day of _____ of 20 ____,

_____ (applicant's name)

personally appeared before me, who being duly sworn says that she/he is the person referred to in the foregoing application and that the photograph attached hereto is a true picture of self and that the statements made herein are true in every respect.

SIGNATURE OF APPLICANT

Sworn to before me this ____ day of _____ of 20 ____.

Notary Public Signature _____ My commission expires _____

APPRENTICE EMBALMER EMPLOYER AFFIDAVIT

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Note: Not more than two registered apprentice embalmers shall be employed by a licensed funeral service business at any one time.

Name of Applicant: _____ will enter my employ as an apprentice Embalmer on _____

If applicant should terminate such employment with me, I will notify the Department immediately and provide the Department a signed statement regarding the applicant's ability and the number of cases with which this apprentice assisted.

All of the statements contained herein are true to the best of my knowledge and belief.

Signature of Supervisor License Number: _____

Signature of Supervisor License Number: _____

Sworn to before me this _____ day of _____, 20_____

Signature of Notary Public My Commission Expires _____

Please return this application to:

Department of Public Health
Embalmer Licensure
410 Capitol Ave, MS#12APP
P.O. Box 340308
Hartford, CT 06134-0308