

TOWN OF SOUTHBOROUGH
BOARD OF HEALTH
17 COMMON STREET
SOUTHBOROUGH, MA 01772-1662

DIRECT # 508-481-3013
MAIN # 508-485-0710
FAX # 508-480-0161

APPLICATION FOR FUNERAL DIRECTOR LICENSE

FEE	<u>\$10.00</u>
PAID	<input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____
NEW	<input type="checkbox"/> <input type="checkbox"/> RENEWAL
LICENSE #	_____

APPLICANT NAME &
TITLE _____

ESTABLISHMENT NAME _____

ESTABLISHMENT ADDRESS AND TELEPHONE _____

MAILING ADDRESS if different _____

IF CORPORATION OR PARTNERSHIP GIVE NAMES, TITLES AND HOME ADDRESSES OF OFFICERS

1. _____

2. _____

1. How many bodies were prepared at this site during the past year? _____

2. Will you prepare bodies at this site during the next year? _____

3. Does your facility comply with existing state and federal regulations? If not please explain.

Pursuant to Massachusetts General Laws Chapter 62C, section 439A, I certify under penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

TAXPAYER IDENTIFICATION # _____

APPLICANT SIGNATURE _____

DATE _____