



Town of Southborough
 Board of Health
 9 Cordaville Road, Lower Level
 Southborough, MA 01772-1662

Phone: (508) 481-3013
 Fax: (508) 229-2580

FUNERAL DIRECTOR LICENSE APPLICATION

LICENSE FEE: \$10

New Application

Renewal

Applicant Name & Title _____

Establishment Name _____

Establishment Address _____

Establishment Phone _____

Mailing Address (if different) _____

If corporation or partnership, give names, titles and home addresses of the officers.

1. _____
2. _____
3. _____

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 regulation? If not, please explain. _____

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

Taxpayer Identification # _____ Applicant Signature _____ Date _____

FOR OFFICE USE ONLY

Fee _____ Check # _____ Permit Number _____ Date Issued _____

Notes: _____