



BOARD OF HEALTH
TOWN OF FOXBOROUGH
MASSACHUSETTS

APPLICATION FOR A LICENSE FOR A
FUNERAL DIRECTOR

Fee: \$25.00

40 SOUTH STREET
Tel (508) 543-1207
Fax (508) 543-6278

BHP- _____
DATE REC'D _____
CHECK # _____

To the Board of Health:

The undersigned hereby makes application for a license as a Funeral Director in this Town, for the year ending April 30th, _____.

(signed)

Name:(please print) _____

Date of appointment: _____

Name of Business: _____

EMAIL: _____

Location of Business: _____

Telephone#: _____

Whether engaged in any other location: _____