



City of Marlborough
Board of Health
140 Main St., Marlborough, MA 01752

APPLICATION FOR FUNERAL DIRECTOR PERMIT

Chapter 140 Section 32B
Fee: \$25.00

Name of Funeral Home: _____ Bus. Tel. # _____

Business Address: _____

Business Email: _____

Owner Name: _____

If corporation or partnership, give the name, title, and home address of officers or partners:

Name

Title

State of incorporation: _____

Name of the qualified Applicant who is applying for the license to act as a funeral director (must hold registration as a Type 3) _____

** Attach a copy of your Type 3 registration with your application. **

Address of Applicant: _____

Cell phone of Applicant: _____

Email of Applicant: _____

Signature of Applicant: _____ Date: _____

ALL PERMITS EXPIRE APRIL 1ST