

**THE COMMONWEALTH OF MASSACHUSETTS
Town of Hanover**

APPLICATION FOR FUNERAL DIRECTOR

Fee: \$25.00

Date: _____, 20

To The Board of Health:

The undersigned hereby makes an application for a license as a Funeral Director for a year starting July 1, 20__ and ending June 30, 20__

Date of Appointment:: _____

Name of business: _____

Location of business:: _____

Whether engaged in any other location: _____

Signed: _____