

**THE COMMONWEALTH OF MASSACHUSETTS
Town of Hanover**

APPLICATION FOR FUNERAL DIRECTOR

Fee: \$50.00

Date: _____, ____

To The Board of Health:

**The undersigned hereby makes application for a license as a Funeral Director for the year ending
April 30, _____.**

Date of Appointment:: _____

Name of business: _____

Location of business:: _____

Whether engaged in any other location: _____

Signed: _____