

Board of Health  
135 School Street  
Walpole, Ma. 02081  
Phone 508 660 7321  
Fax 508 660 6345



*The Commonwealth of Massachusetts*  
***Town of Walpole***

## **APPLICATION FOR A PERMIT FUNERAL DIRECTOR**

No. \_\_\_\_\_

\_\_\_\_\_  
**DATE**

**To the Licensing Authorities:**

In accordance with the provisions of the Statutes relating thereto, application for a Permit is hereby made by

Name \_\_\_\_\_  
(Print full name of person making application)

Address \_\_\_\_\_  
(Street, town, state, zip code)

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Telephone)