



TOWN OF WESTFORD  
BOARD OF HEALTH  
TOWN HALL  
WESTFORD, MASSACHUSETTS 01886  
*Phone: 978-692-5509 Fax: 978-399-2558*

**FEE - \$25.00**

**FUNERAL DIRECTOR LICENSE APPLICATION**

**(M.G.L. c.114, S.49)**

Name of Applicant \_\_\_\_\_

Address of Applicant \_\_\_\_\_

Funeral Home  
Name & Address \_\_\_\_\_

Massachusetts Funeral Directing & Embalming License Number \_\_\_\_\_

\_\_\_\_\_  
Social Sec #/Federal ID #

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date