

OFFICE OF  
**BOARD OF HEALTH**  
155 VILLAGE STREET  
MEDWAY, MASSACHUSETTS 02053  
Office (508) 321-4923 – Fax (508) 321-4982  
Beth Hallal, Health Director    bhallal@townofmedway.org

*\$75.00 Made payable to “Town of Medway”*

**2016 FUNERAL DIRECTORS PERMIT RENEWAL APPLICATION**

ESTABLISHMENT NAME: \_\_\_\_\_

ESTABLISHMENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

ESTABLISHMENT PHONE # \_\_\_\_\_

ESTABLISHMENT EMAIL \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_

LIST EACH FUNERAL DIRECTOR \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PERMIT FEE: \_\_\_\_\_ PAID      CHECK # \_\_\_\_\_

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I, the undersigned applicant, certify that all of the information contained in this application is true and correct.

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_

BOARD APPROVAL \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_  
PERMIT # \_\_\_\_\_