

TOWN OF EASTON



BOARD OF HEALTH

136 ELM STREET  
NORTH EASTON, MA 02356-0129  
Tel. (508) 230-0620

COMMONWEALTH OF MASSACHUSETTS

TOWN OF EASTON

BOARD OF HEALTH

\_\_\_\_\_  
Date

**To the Board of Health:**

The undersigned hereby makes application for a license as a Funeral Director in the Town of Easton for the year ending December 31, 20\_\_\_\_.

Signed \_\_\_\_\_

Date of Appointment: \_\_\_\_\_

Location of Business: \_\_\_\_\_

Whether Engaged in Any Other Location: \_\_\_\_\_