



## Boston Public Health Commission Funeral Director License Application (239 CMR 3.00)

**Instructions:** Mail a complete permit application and a check or money order for the permit fee to:

ATTN: Funeral Director License Application  
Environmental & Occupational Health Division  
Boston Public Health Commission  
1010 Massachusetts Avenue, 2<sup>nd</sup> Floor  
Boston, MA 02118  
617-534-5965

<b>Application Date:</b> _____	
<b>Application Type</b> <input type="checkbox"/> New applicant <input type="checkbox"/> Renewal (previous license number: _____) <b>MA License Information</b> MA License Number: _____ MA License Expiration Date: _____	<b>Permit Fee:</b> <input type="checkbox"/> \$100: Funeral Director License <input type="checkbox"/> \$75: Facility Inspection Fee (to be paid by one Director per Funeral Establishment) Payment must be made by Check or Money Order, made payable to Boston Public Health Commission.
<b>Funeral Home Establishment Information</b> Funeral Establishment Name: _____ Funeral Establishment Phone Number: _____ Funeral Establishment Address: _____	
<b>Funeral Director Information</b> Director Name: _____ Director Address: _____ Director Phone Number: _____      Director E-Mail: _____	

### Applicant Statement of Consent

I understand that this license is valid only in the City of Boston and expires one year after the date that it is issued. I also understand that any notice to be mailed to me by the Boston Public Health Commission will be mailed to the address of the Funeral Establishment that I have indicated above, unless otherwise specified.

I have read the Massachusetts Department of Public Health’s regulatory requirements on embalming and funeral directing (239 CMR 3.00). I understand the obligations and requirements imposed upon a licensed funeral director by those regulations. I agree to comply with all of the regulatory requirements specified in 239 CMR 3.00 while working as a Funeral Director in the City of Boston. I further understand that it is my responsibility to ensure that employees working in this Funeral Establishment comply with all applicable health, safety, and work practice regulations as specified in 239 CMR 3.00.

I hereby certify, under penalties and pains of perjury, that to the best of my knowledge, the information provided on this application is complete and accurate and in no way misrepresented.

\_\_\_\_\_  
Funeral Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Funeral Director Name (printed)