



**TOWN OF MEDWAY**  
Board of Health  
155 Village Street  
Medway, Massachusetts 02053  
508.533.3206



**Funeral Director Permit**

- Cost of permit is \$75.00 and can be paid via cash in-office or by check, made payable to "Town of Medway."
- Permit will expire on December 31<sup>st</sup> of the same year it was issued.

Establishment Name: \_\_\_\_\_

Establishment Address: \_\_\_\_\_ Medway, MA 02053

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Owners Name: \_\_\_\_\_

Please list each Funeral Directors name:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

\_\_\_\_\_  
Date