

***The Commonwealth of Massachusetts
Town of South Hadley
Board of Health
116 Main Street Suite 102
South Hadley, MA 01075***

Fee \$75.00

To the Board of Health:

***The undersigned hereby makes application for a
license as a Funeral Director in South Hadley for the
year ending April 30, 2008***

Signed_____

Date of appointment_____

Location of place of business:_____

Whether engaged in any other location_____
