

The Commonwealth of Massachusetts
Division of Professional Licensure
1000 Washington Street Suite 710
Boston, MA 02118-6100
Board of Embalming & Funeral Directing
www.mass.gov/dpl/boards/em
617-727-1718

*****Duplicate Establishment Certificate Application--
Fee \$40.00**

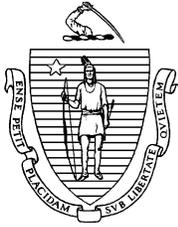
TO: Currently Licensed Funeral Establishments

FROM: Board of Embalming & Funeral Directing

RE: **Duplicate Establishment Certificate Applications**

This form is to be completed to order a duplicate establishment certificate. Only use this form if your funeral home has been previously approved.

DO NOT use this form if you are requesting change of Ownership or a New Establishment (a funeral home at a location where none previously existed). Please file a complete establishment certificate application.



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Est. Certificate #: _____

I (we) hereby make application to the Board of Registration in Embalming and Funeral Services to certify the facility located at _____ to be registered as a funeral home for the storage, preparation and public viewing of dead human remains. This facility will be used as the _____ (*main office, branch office*) of the _____ (*Legal name of funeral service entity (and d/b/a if applicable)*) which is owned by an individual holding a Type 3 license OR is owned by a corporation, limited liability company, partnership, limited liability partnership, association or other business entity in which a controlling interest is held by one or more Type 3 licensees, _____ (*Name(s) of Type 3 licensee(s)*).

I (we) further agree that, should the above Type 3 licensee(s) no longer (own/control the entity owning) this establishment or otherwise lose the Type 3 license to practice, that any establishment certificate granted by the Board shall be deemed cancelled and a new application must be submitted.

Signature: _____
Proprietor, partner or representative of corporation

Print Name: _____

Social Security Number / FID Number _____

Pursuant to G.L. c. 62C, s. 47A, the Division of Professional Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

Note: Ownership information must be displayed on a sign at the main entrance of the funeral home.

(office use only below this line)

This application has been reviewed by the Board on _____ and has been
Date
approved/disapproved for the issuance of an Establishment Certificate in accordance with
the laws of the Commonwealth and the Rules & Regulations of this Board.

Approval required by three members of the Board.

Signed: _____

Facility Inspected: _____
Signature *Date*