



# CITY OF GARDNER



OFFICE OF THE  
**BOARD OF HEALTH ROOM 29, CITY HALL**  
GARDNER, MASSACHUSETTS 01440  
(978) 630-4013  
FAX (978) 632-4682

**\$100.00 Fee**

**The Commonwealth of Massachusetts**

**City of Gardner**

To the Board of Health

The undersigned hereby makes application for a license as a Funeral  
Director in this City of Gardner for the year ending  
April 30<sup>th</sup>, 2019

Signed.....

Date First Licensed .....

Location of place of  
business.....

Whether engaged in any other  
location.....

**A copy of your current State Funeral Directors/Embalmer's License  
must be included with this application.**