Board of Registration in Embalming and Funeral Directing

Funeral Assistant Transfer Form

Funeral Assistant Name _____

Funeral Assistant's License Number _____

Previous Funeral Establishment _____

Previous Funeral Establishment License Number _____

New Funeral Establishment _____

Address: _____

Establishment Number _____

Effective Date _____

Funeral Assistant's Signature _____

Signature of Owner/CEO

of Funeral Home_____

Please submit the original completed form to:

Division of Professional Licensure

Board of Registration in Embalming and Funeral Directing

1000 Washington St Ste 710

Boston, MA 02114

Phone: 617-727-1718 Fax: 617-727-9932