

# **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 Occupational Licensure

Board of Registration in Embalming and Funeral Directing

1000 Washington St Ste 710

Boston, MA 02114

Phone: 617-701-8628 Fax: 617-701-8612