

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

1 Federal St, Ste 0600

Boston, MA 02110

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