



# TOWN OF STONEHAM

## Physician Registration Form

I, the undersigned, herewith present Medical License # \_\_\_\_\_ for the records of the Office of the Town Clerk. I intend to conduct the practice of medicine in the Town of Stoneham.

My office or usual place of business \_\_\_\_\_  
(Street Name)

\_\_\_\_\_ (Town) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

**The required fee of \$50.00 is herewith tendered.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

### FOR ADMINISTRATIVE USE ONLY

Stoneham, Massachusetts Date \_\_\_\_\_

In accordance with the provisions of Chapter 112, Section 8 of the Massachusetts General Laws, I hereby certify the Dr. \_\_\_\_\_

has this day exhibited certificate or certificate statement # \_\_\_\_\_ issued

under the authority of the laws of the Commonwealth.

The required fee of \$50.00 has been paid.

Signed \_\_\_\_\_, Clerk of the Town of Stoneham.