



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.

John J. Hanright