



WASHINGTON STATE DEPARTMENT OF
LICENSING
 BUSINESS AND PROFESSIONS DIVISION
 FUNERAL AND CEMETERY LICENSING
 P.O. BOX 9048
 OLYMPIA, WA 98507-9048
 (360) 664-1555

Certificate of Removal Registration Application



FOR VALIDATION ONLY

Make remittance payable to State Treasurer.
 Send this application with your remittance to:
 Department of Licensing
 PO Box 9048
 Olympia, WA 98507-9048

- Please type or print clearly in dark ink
- Include an authorized signature on page 2

Funeral Establishment Information

| | | | | |
|--|--------------------------------|---------|-------------------------------------|--------|
| Name | | UBI no. | Social Security no. (RCW 26.23.150) | |
| Street address | | | | |
| City | | State | Zip | County |
| Daytime telephone no. () | Mailing address (if different) | | | |
| Location manager or contact person's name (last, first, middle initial) | | | | |
| Type of business (check one) | | | | |
| <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation | | | | |

Sole Proprietor, Partner, Corporate Officer Data

| | | | | |
|---------|------|---|-------|-----|
| Name | | Title (sole proprietor, partner, corporate officer) | | |
| Address | City | | State | Zip |
| Name | | Title (partner, corporate officer) | | |
| Address | City | | State | Zip |
| Name | | Title (partner, corporate officer) | | |
| Address | City | | State | Zip |
| Name | | Title (partner, corporate officer) | | |
| Address | City | | State | Zip |
| Name | | Title (partner, corporate officer) | | |
| Address | City | | State | Zip |
| Name | | Title (partner, corporate officer) | | |
| Address | City | | State | Zip |

Attach an additional page if needed

See page 2 for required signature

| | |
|----------------------------|------------------|
| FOR OFFICE USE ONLY | |
| 24003 _____ | Cert. Date _____ |
| _____ | Cert. No. _____ |

Certification



I, _____, am the owner,
First name *Middle initial* *Last name*

partner, or corporate officer of the establishment whose name appears on this application. I hereby acknowledge that I am responsible for all acts in connection with the operation of said establishment and that all the above statements are true and correct to the best of my knowledge and belief.

Signature of owner, partner, or corporate officer **X** _____

Date _____

If application information is incomplete, the application will not be processed.

Once filed, this application is a public record and is subject to public disclosure. RCW 42.56

Application Instructions for Certificate of Removal Registration

Please complete the Certificate of Removal Registration form and send it to the Department of Licensing with the appropriate remittance fee of:

- **\$30** – Initial Application
- **\$15** – Annual Renewal

Funeral establishments licensed in states that border Washington State, with similar laws, may apply for this registration for the limited purpose of removing human remains from Washington State prior to submitting a Certificate of Death.

- Each branch of a funeral establishment is considered a separate establishment and must be registered as a fixed place of business.
- The conduct of funeral directors, embalmers or any other person employed by or acting on behalf of a removal registrant is the direct responsibility of the holder of the Certificate of Removal Registration.
- The Board of Funeral Directors and Embalmers may impose sanctions on the holder of a Certificate of Removal Registration if the registrant is found to be in violation of any death care statute or rule.
- Certificate of Removal Registrations expire on January 31, or as otherwise determined by the Director.

Note: Certificates of Death, Notices of Removal, and Disposition Permits are governed by the Department of Health under RCW 70.58.160 and 70.58.230.

Please make your remittance fee payable to **State Treasurer**. Mail the fee with your completed application to:

**Department of Licensing
PO Box 9048
Olympia WA 98507-9048**