



Funeral Establishment License or Branch Establishment Registration Application

Funeral and cemetery establishments can use this form to:

- apply for a license or to register a branch.
- report a change of establishment name or ownership structure.

FOR VALIDATION ONLY

Select one:

- Establishment license – **\$400**
- Branch registration – **\$350**
- Change of designated funeral director – **no fee**
- Establishment name change only – **no fee**

Branch funeral establishments must operate under the same name as the main establishment. WAC 308-48-210

When a fee is required, send this completed form, a check or money order for the fee payable to the State Treasurer, and a copy of the articles of incorporation when the establishment is owned by a corporation to:

Funeral and Cemetery Licensing, Department of Licensing, PO Box 9048, Olympia, WA 98507

When no fee is required, send this completed form to:

Funeral and Cemetery Licensing, Department of Licensing, PO Box 9012, Olympia, WA 98507

Establishment/Branch

| | | | |
|--|--------------------------------|--|--------|
| PRINT or TYPE Name of establishment or branch | | | |
| Street address | | | |
| City | State | ZIP code | County |
| (Area code) Daytime telephone | Mailing address (if different) | | |
| Licensed funeral director name (Last, First, Middle initial) | | | |
| If a branch, name of parent establishment | | | |
| Street address | | | |
| City | State | ZIP code | County |
| (Area code) Daytime telephone | Mailing address (if different) | | |
| Licensed funeral director name (Last, First, Middle initial) | | | |
| Crematory address (if one is owned or operated by this establishment or located on property owned by this funeral establishment) | | | |
| Washington corporation number (if applicable) | | Washington revenue tax number/Unified Business Identifier | |
| Type of business <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation | | If partnership or corporation, attach a copy of the partnership agreement or Articles of Incorporation | |

Continued on next page

For office use only

| | |
|-------------|--------------------------|
| 24003 _____ | Certificate date _____ |
| _____ | Certificate number _____ |

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please call (360) 664-1495 or TTY (360) 664-8885.

