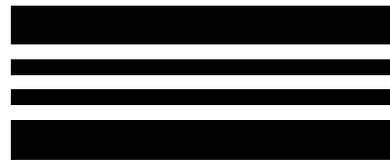




WASHINGTON STATE DEPARTMENT OF
LICENSING

Funeral Establishment Branch Renewal Application



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Applicant information

TYPE OR PRINT Name of branch		
License number	UBI/UBI Business ID number/UBI Location ID (16 digits)	
Physical address		
City	State	ZIP code
Mailing address (if different)		
City	State	ZIP code
(Area code) Phone number	Email	
Licensed funeral director name		

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

Date and place

TYPE or PRINT Name
X
Signature

Providing false information in this application may be cause for denial, suspension, or revocation of your professional license in the State of Washington.