

Funeral Directors/Embalmers Verification of Out-of-State License

Applicant instructions

Send a copy of this form to each state board where you have been licensed.

State licensing board

FDE-653-003 (R/10/19)WA

The individual named below is applying for a license to practice as a funeral director and/or embalmer in Washington State. We need you to verify that our applicant is or has been licensed in your state. Please complete this form and return it to:

Scan and email: Funerals@dol.wa.gov

Or mail: Funeral and Cemetery Board
Department of Licensing
PO Box 9012
Olympia. WA 98507

Olympia, WA 98507						
or questions or language help	call: (360) 664-1555					
Applicant–Applicant compl	ete this section					
Name				Date of	Date of birth (mm/dd/yyyy)	
Address						
0.4		State	710	04-4	- Finite - Liberton	
City			ZIP code	de States of initial license and/or exam		
(Area code) Phone number	Email	1		1		
/erification–lssuing jurisdi	ction complete this section					
License information	·					
The applicant named above w	vas licensed as:					
	Certificate number		Date	issued	Valid until	
☐ Funeral director						
☐ Embalmer						
☐ Mortician (dual license)						
Basis of licensure						
☐ National Board examination	n					
☐ Reciprocity (state):						
☐ State examination						
Please list exam subjects a	and scores <i>(attach separate s</i>	heets if neede	ed):			
Answer the following						
1. Has any disciplinary action					□ Yes □ No	
If yes, please explain (attac	ch separate sheets if needed)	:				
2. Has the applicant satisfied	the requirements of the discip	olinary action?			∐ Yes ☐ No	
If no, please explain:						
		, ,				
declare that the foreoing is	true and correct to the bes	st ot my knov	vieage.			
	TYPE or PR	INT Name			(Area code) Phone number	
	Title				Certifying state/jurisdiction	
	X					
Date and place	Signature					