

## Funeral Establishments Certificate of Removal Registration Application

Funeral establishments can use this form to apply for certificate of removal registration. Send this completed form and a check or money order for \$30 for an initial application or \$15 for an annual renewal, payable to the Department of Licensing, to: Funeral and Cemetery Licensing, Department of Licensing, PO Box 35001, Seattle, WA 98124-3401

| For validation only |  |  |  |  |  |  |
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| epartment of Licensing, to: Fur<br>epartment of Licensing, PO E |                              |            |                     |   |  |                   |  |
|---|------------------------------|------------|---------------------|---|--|-------------------|--|
| stablishment  |                              |            |                     |   |  |                   |  |
| PRINT or TYPE Establishment name                                |                              |            |                     |   | Unified Business Identifier (UBI) number |                   |  |
| Street address  |                              |            |                     |   |  |                   |  |
| City  |                              | State      |                     | ZIP code  | County                                   | County            |  |
| Area code) Daytime telephone number                             | Mailing address (if differen | nt)        |                     |   |  |                   |  |
| ocation manager or contact person name (I                       | Last, First, Middle initial) |            |                     |   |  |                   |  |
| Type of business <i>(check one)</i> Sole proprietor Partners    | ship $\square$ Corporation   | 1          |                     |   |  |                   |  |
| ole proprietor, partner, co                                     | orporate officer –           | Attach     | additional pa       | ages as re  | quired                                   |                   |  |
| Name  |                              |            |                     | Title (sole proprietor, partner, corporate officer) |  |                   |  |
| Address   | City                         |            |                     |   | State                                    | ZIP code          |  |
| Name  | I                            |            |                     | Title (sole p                                       | proprietor, partner, co                  | orporate officer) |  |
| address   | City                         |            |                     |   | State                                    | ZIP code          |  |
| lame  | I                            |            |                     | Title (sole p                                       | proprietor, partner, co                  | orporate officer) |  |
| Address   | City                         |            |                     |   | State                                    | ZIP code          |  |
| lame  |                              |            |                     | Title (sole p                                       | proprietor, partner, co                  | orporate officer) |  |
| Address   | City                         |            |                     |   | State                                    | ZIP code          |  |
| lame  |                              | I          |                     | Title (sole proprietor, partner, corporate officer) |  |                   |  |
| ddress  | City                         |            |                     |   | State                                    | ZIP code          |  |
| lame  |                              |            |                     | Title (sole p                                       | proprietor, partner, co                  | orporate officer) |  |
| Address   | City                         |            |                     |   | State                                    | ZIP code          |  |
| eclaration – Must be signed                                     | by owner, partner, or        | corpo      | rate officer        |   |  |                   |  |
| certify under penalty of perjury                                |                              | -          |                     | ton that the  | e foregoing is                           | true and correct. |  |
|   | Title                        |            |                     |   |  |                   |  |
| Date and place  |                              | ature of p | proprietor or corpo | rate officer  |  |                   |  |
| <u> </u>  |                              |            | e use only          |   |  |                   |  |
| 24003   |                              |            |                     | Certifi   | icate date                               |                   |  |

Certificate number \_

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 Funeral and Cemetery Board 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.

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.