



Funeral Establishments Certificate of Removal Registration Application



Funeral establishments can use this form to apply for certificate of removal registration.

Apply online: <https://professions.dol.wa.gov>

Or mail this completed form with a check or money order (payable to the Department of Licensing) for **\$41 for an initial application** or **\$25 for an annual renewal** to:

**Funeral and Cemetery Licensing
Department of Licensing
PO Box 35001
Seattle WA 98124-3401**



For questions or language help call: (360) 664-1555

Licenses are available for self-printing with an online account.

If you want us to print and mail your license, add to your payment a \$5 print fee for each copy.

- \$0 self-print license online.
- \$5 each. DOL print and mail license. Quantity _____ Total \$ _____

Things you should know:

- 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.

Establishment

PRINT or TYPE Establishment name		UBI/UBI Business ID/UBI Location ID (16 digits)		
Street address				
City	State	ZIP code	County	
Mailing address, if different (Street address or PO Box, City, State, ZIP code)				County
10-digit phone number	Business email			
Location manager or contact person name (Last, First, Middle initial)				
Military? (check if applicable) Current or former: <input type="checkbox"/> Military member <input type="checkbox"/> Military spouse or domestic partner				
Type of business (check one) <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation				

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

TYPE or PRINT Name

Date and place
FE-653-007 (R/8/23)WA

Title
X
Signature of owner, partner, or corporate officer