



Prearrangement Funeral Sales Contract List of Officers

Use this form to provide the name and address of the owner, if a sole proprietorship; or each partner, if a partnership.* This form is required to be submitted with application and any time there is a change.

Submit online: www.dol.wa.gov/business/funeralcemetery

Or by mail: **Funeral and Cemetery Licensing**
Department of Licensing
PO Box 9012
Olympia, WA 98507



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

1 Name		Title <i>(sole proprietor, partner, corporate, LLC officer)</i>		
Address		City		State ZIP code
2 Name		Title <i>(sole proprietor, partner, corporate, LLC officer)</i>		
Address		City		State ZIP code
3 Name		Title <i>(sole proprietor, partner, corporate, LLC officer)</i>		
Address		City		State ZIP code
4 Name		Title <i>(sole proprietor, partner, corporate, LLC officer)</i>		
Address		City		State ZIP code
5 Name		Title <i>(sole proprietor, partner, corporate, LLC officer)</i>		
Address		City		State ZIP code
6 Name		Title <i>(sole proprietor, partner, corporate, LLC officer)</i>		
Address		City		State ZIP code

*If a corporation, use the Corporations Supplemental Data form to provide the following:

- Board of Directors—List names of all directors of the corporation, as of the date of license application.
- Officers—List the names of the president, vice president, secretary and treasurer of the corporation as of the date of the application. List the names of all additional vice presidents if such are prescribed by the laws of the corporation.
- Shareholders—List the names as recorded in corporate records of all individuals holding over 10% interest in the corporation.

If you need more room, attach a separate sheet or form.

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

	TYPE or PRINT Name
	X
Date and place	Signature