



# Funeral Establishment and Funeral Establishment Branch List of Officers

Use this form to provide the names and addresses of the sole proprietorship, partner, corporate, or LLC officer. This form is required to be submitted with application and any time there is a change.

Submit online: [www.dol.wa.gov/business/funeralcemetery](http://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

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

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.*

\_\_\_\_\_  
Date and place

\_\_\_\_\_  
TYPE or PRINT Name  
**X**  
Signature