

WORKERS' COMPENSATION COMMISSION

Certification of Funeral Expenses

Instructions: The form must be completed in its entirety and be signed by all required persons. This form must include an itemized statement of the charges submitted as an attachment.

Name of Deceased: First Middle Last

WCC Claim Number

Deceased's Social Security Number

- 1. I, am over eighteen years of age and am competent to make this certification.
2. I am a duly licensed mortician or funeral director in the State of Maryland.
3. I perform mortuary services at (name of establishment), (mailing address) City, State, and ZIP Code.
4. At the request of, I prepared the body of (deceased) for burial, cremation or donation.
5. I performed the funeral services and provided the goods set forth in the itemized list attached to this certification.
6. I have have not received compensation for these services. I received \$ from and \$ from.

I solemnly affirm under the penalties of perjury and upon personal knowledge that the contents of the foregoing paper are true.

DATE

SIGNATURE

NOTARY

State of City of County of

I hereby certify that on this day of, 2, the subscriber personally appeared before me and affirmed upon personal knowledge that the contents of the foregoing statements are true.

(seal)

Signature

My Commission expires, 2

Certification of Person Authorizing Burial

I hereby certify that I authorized the services set forth in the attached itemized list items of goods and services totaling \$ as the of the deceased employee.

Signature

Date