



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:

Deceased's Social Security Number:

WCC Claim No.:

Name of Person Filing Certification:

I hereby certify that I am over eighteen years of age and am competent to make this certification, and

1. I am a duly licensed mortician or funeral director in the State of Maryland.
2. I perform mortuary services at the following location:
 Name of Mortuary or Funeral Home:
 Address of Mortuary or Funeral Home:
3. I prepared the body of the above named deceased for burial, cremation or donation at the request of the following person(s):
 Name of Person requesting burial services:
4. I performed the funeral services and provided the goods set forth in the itemized list attached to this certification. The costs associated with those goods and services, *e.g.*, embalming, casket, facilities, vehicles, grave, vault or liner, direct cremation, are also set forth in the itemized list.
5. I have not received compensation for these services.
 I have received partial compensation from the following and in the stated amount(s):
 I have received full compensation from the following and in the stated amounts(s):
 Payor(s): _____ Amount(s): _____

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

Signature

Date

Certification of Person Authorizing Burial

I hereby certify that I authorized the services set forth in the attached itemized list of goods and services totaling _____ as the funeral or burial expenses of the deceased employee.

Signature

Date