



### 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