Certification of Funeral Expenses

Employment Standards Administration

				kers Compe	ensation Prog	grams			
payable. Completion of the form is required to obtain payment for services performed (20 CFR § 202.121.) Persons are not required to respond to this collection of information unless it contains a For C							DMB No. 1215-0027 Expires: 02-28-2011 For Office Use		
						For Offi			
currently valid OMB control	number.				T	1. OWCF	P No.		
3. Name of deceased									
First Name	M.I. L	ast Name			F	2. Carrie	er's No.		
4. Funeral Director (Name, a	address, ZIP coo	le)							
name:									
line 1:		city:		cou	intry:				
line 2:		state:	zip:						
5.		Servio	ces Performed						
		(itemize be	low and enter costs)						
							\$		
								+	
				r					
Comments Total Amount I				Tota	l Bill	\$			
				Paid	\$				
(If additional space is require	ad continue on r	averse)			Amount	t Due	\$		
6. I was informed		address, and relations	ship to deceased					I	
that the above	name:					relations	ship:		
bill would be	line 1:		city:						
paid by	line 2:		state:	zip:		ctry:			
7. This amount,	Enter name, a	ddress, and relations	ship to deceased.			relations	shin:		
	name:					relations	, inb.		
\$, of the bill was paid by	line 1:		city:						
	line 2:		state:	zip:		ctry:			

Certification

I certify that this concern performed the above services and that no further part of this bill has been paid.

It is therefore requested that payment, in accordance with the Longshore and Harbor Workers' Compensation Act or its extensions, be paid for the services indicated above.

8. Signature and title (Type and sign)	name:	9. Date signed				
	title:					
Public Burden Statement						

We estimate that it will take an average of 15 minutes to complete this collection of information, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the U.S. Department of Labor, Division of Longshore and Harbor Workers' Compensation, Room C4315, 200 Constitution Avenue, N.W., Washington, D.C. 20210. DO NOT SEND COMPLETED FORMS TO THIS OFFICE.