



Statewide Fax Line: 877-533-0337 www.wcb.ny.gov

## PROOF OF EXPENSES FOR BURIALS, FUNERALS AND MEMORIAL SERVICES BY UNDERTAKER

CB Case Number:	Carrier Case Number:		Social Security Number:		
	-1		irms that they are a duly		
of (city or town)	at (street and number)	and on the	day of	,	
they were directed to prepa	,			nd such direction was provided by	
they were directed to prepa	ire the body of.			nd such direction was provided by	
		_, who authorized the	following itemized invoice	e (or attach copy of itemized invoice	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				TOTAL \$	
ANY PERSON WHO I OR PREPARES WITH SELF-INSURER, ANY	KNOWINGLY AND WITH INTI KNOWLEDGE OR BELIEF TO INFORMATION CONTAININ ALL BE GUILTY OF A CRIME	ENT TO DEFRAU THAT IT WILL BE G ANY FALSE M	PRESENTED TO O ATERIAL STATEME	R BY AN INSURER, OR ENT OR CONCEALS ANY	
I affirm this day of	20, under th	e penalties of perjur	y under the laws of Ne	w York, which may include a fi	
aw.	g is add, and i andorotal	.a. a.		and the processing in a count of	
Signature					