

FUNERAL HOME CERTIFICATION OF EMPLOYMENT

“FUNERAL HOME”:

(Name of Funeral Home)

“ADDRESS”:

(Address of Funeral Home)

FUNERAL HOME REPRESENTATIVE:

(Name of Person Representing Funeral Home)

“EMPLOYEE”:

(Name of Employee)

“CONTACT INFORMATION”:

(Telephone Number of Funeral Home Representative)

1. **FUNERAL HOME EMPLOYEE:** The FUNERAL HOME REPRESENTATIVE certifies that EMPLOYEE named above is currently employed by the FUNERAL HOME.
2. **CONTACT:** Anyone requiring further information may contact the FUNERAL HOME REPRESENTATIVE using the CONTACT INFORMATION listed above.

Signature of FUNERAL HOME REPRESENTATIVE:
