**Instructions:**

1). Please print this document

2). Form must be completed by the Responsible Party of the business

3). Upload this document as an attachment to your applicant and/or email it to the Office of Cemetery Oversight at [DOPLCemeteryOVersight-LABOR@maryland.gov](mailto:DOPLCemeteryOVersight-LABOR@maryland.gov)

**Employer’s Affirmation of Employment:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby affirm that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print Name of Responsible Party) (Print Name of Applicant)

is employed by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , and request

(Name of Cemetery, Burial Goods Business, or Crematory)

that this application be processed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Signature of Responsible Party)**