

AUTHORIZATION FOR DISPOSITION WITH OR WITHOUT EMBALMING

TO: _____(Funeral Establishment Name)

RE: _____(Decedent) I, _____
do ___do not ___(check one) request embalming, which I understand is the addition to, or the replacement of, body fluids by chemical preservatives or the application of chemical preservatives for the temporary preservation of the body. I understand that embalming is not required by law.

I understand that for storage or embalming purposes the decedent may be transported to the following licensed funeral establishment:

(name and address of funeral establishment)

then returned for funeral services. I understand I may be charged an additional fee for transport.

The undersigned hereby represents that he/she has the legal right to control disposition of the remains of the decedent.

Signed: _____, Relationship _____

Executed this ___day of _____, _____, at City _____, State ____.

To Be Completed by funeral establishment if Authorization to Embalm and Notification to Transport Is Obtained Orally (by Telephone):

The above statement of authorization and notification was read to _____, Relationship _____, who did ___did not ___(check one) authorize embalming at the above named funeral establishment. City _____, State _____, Phone (_____) Date and time authorization granted: _____

Signature of funeral establishment representative accepting authorization.

I declare under penalty of perjury that the foregoing is true and correct. Executed this ___day of _____, _____, at City _____, State ____.

(s) _____