

AUTHORIZATION TO EMBALM AND PREPARE

PERMISSION TO EMBALM: YES _____ NO _____ PERSON GIVING PERMISSION _____

DECEASED'S NAME _____ CONTRACT # _____

I/WE HEREBY AUTHORIZE _____ ("FUNERAL HOME"),
(NAME OF FUNERAL HOME)

INCLUDING ITS AGENTS AND EMPLOYEES, TO EMBALM, CARE FOR AND PREPARE FOR DISPOSITION THE
BODY OF _____, IN ACCORDANCE WITH
(NAME OF DECEASED)

ITS CUSTOMARY PRACTICES. I/WE REPRESENT THAT I/WE HAVE LEGAL AUTHORITY TO GIVE THIS AUTHORI-
ZATION. I/WE AGREE TO INDEMNIFY AND HOLD HARMLESS THE FUNERAL HOME, ITS AFFILIATES AND THEIR
AGENTS AND EMPLOYEES FROM ANY AND ALL LIABILITY OR CLAIMS WHICH MAY ARISE AS A RESULT OF THIS
AUTHORIZATION TO EMBALM AND PREPARE OR ANY ACTION TAKEN IN ACCORDANCE HEREWITH.

THE UNDERSIGNED AUTHORIZES AND DIRECTS THE FUNERAL HOME, INCLUDING APPRENTICES OR
MORTUARY STUDENTS UNDER THE DIRECT SUPERVISION OF A LICENSED EMBALMER, AND THE FUNERAL
HOME'S EMPLOYEES, INDEPENDENT CONTRACTORS, AND AGENTS TO CARE FOR, EMBALM, AND PREPARE
THE BODY OF THE DECEDENT. THE UNDERSIGNED ACKNOWLEDGES THAT THIS AUTHORIZATION ENCOM-
PASSES PERMISSION TO EMBALM AT THE FUNERAL HOME FACILITY OR AT ANOTHER FACILITY EQUIPPED
FOR EMBALMING, INCLUDING A SCHOOL OR COLLEGE OF MORTUARY SCIENCE.

(WITNESS)

(SIGNATURE)

(DATE)

(RELATIONSHIP TO DECEASED)

IF AUTHORIZATION IS ORAL, COMPLETE THE FOLLOWING:

AUTHORIZATION RECEIVED FROM _____ RELATIONSHIP _____

DATE AND TIME RECEIVED _____ RECEIVED BY _____

IF NO PERMISSION CAN BE OBTAINED, COMPLETE THE FOLLOWING:

I HEREBY ACKNOWLEDGE THAT _____ HAS MADE A REASONABLE
(NAME OF FUNERAL HOME)

AND DILIGENT EFFORT (DOCUMENTED BELOW) OVER A PERIOD OF AT LEAST THREE HOURS TO OBTAIN
AUTHORIZATION TO EMBALM THE DECEASED. LISTED BELOW ARE THE NAMES, TELEPHONE NUMBERS
AND RELATIONSHIP TO THE DECEASED OF EACH PERSON WE ATTEMPTED TO CONTACT FOR
AUTHORIZATION AND THE DATE AND TIME EACH SUCH ATTEMPT WAS MADE.

(SIGNATURE OF FUNERAL HOME REPRESENTATIVE)

(DATE)