



Gibson Mortuary Service
601 Belmont – Mt Holly Rd My Holly, NC 28120

Email: gms.efax@gmail.com
704-310-1398 Phone
980-939-6309 Fax

EMBALMING AUTHORIZATION

Representative: _____
(Name of Representative)

Decedent: _____
(Name of Decedent)

Funeral Provider: _____
(Name of Funeral Home)

The REPRESENTATIVE authorizes and directs Gibson Mortuary Service, it's employees, independent contractors and agents to care for, embalm, perform restorative measures and prepare the body of the DECEDENT. The REPRESENTATIVE acknowledges that this authorization encompasses permission to embalm at the FUNERAL HOME facility or at another facility equipped for embalming. In providing this authorization, REPRESENTATIVE acknowledges that embalming is not an exact science and that results may be adversely impacted by a number of factors, including, but not limited to, the conditions under which the death occurred; time lapse between death and the onset of the embalming procedure; physical condition at the time of death; medications, especially analgesics administered prior to death; life-saving procedures; cause of death; storage procedures of the releasing institution; natural elements; tissue/organ donations; and post-mortem (autopsy) examinations.

DATE

SIGNATURE OF REPRESENTATIVE