



Authorization to Embalm

The undersigned represents to Arlington Funeral Services, LLC (“Funeral Home”) that the undersigned is the surviving spouse of the next of kin of _____ (“the decedent”) or is the legal representative of such person, and, as such, has the paramount right to direct the disposition of the body of the decedent.

The undersigned authorizes and directs the Funeral Home, its employees, independent contractors, and agents (including licensed funeral director/embalmer trainees and/or mortuary students under the direct supervision of a licensed embalmer) to care for, embalm, and prepare the body of the decedent. The undersigned acknowledges that the authorization encompasses permission to embalm at the Funeral Home facility or at another facility equipped for embalming.

(Name)

(Relationship to decedent)

(Name)

(Relationship to decedent)

(Name)

(Relationship to decedent)

(Witness)

(Date)