AUTHORIZATION TO ACCEPT OR DECLINE EMBALMING

TO:			
(Funeral Esta	ablishment Name)		
RE:			
(Decedent)			
preservatives or	ne addition to, or the report the application of chere the body. I understand	mical preservatives fo	or the temporary
I, I understand that to the following		do do not (che ning purposes the de	ck one) request embalming. cedent may be transported
	(Locati	on Name and Address)	
The undersigne of the remains o	• •	at he/she has the leg	al right to control disposition
Signed:	, Relationship to Decedent:		
Executed this	day of	, , at	(City and State)
	(Month)	(Year)	(City and State)
	o be completed by the ing is obtained orally.	funeral establishmen	t if authorization to accept or
			s read and/or provided to edent:,
who did did r establishment. ⁻	not (check one) auth Telephone Number: authorization granted: _	norize embalming at t	he above named funeral
	o be completed by the tuthorization to accept of		•
	penalty of perjury that t day of (Month)		
	(Month)	(Year)	(City and State)
Funeral Establishment I	Representative (Print Name)	Funeral Establish	ment Representative (Signature)