

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 its customary
(Name of Deceased)

practices. I/We acknowledge and agree that this authorization permits the funeral home to use the services of independent embalmers, apprentices or student interns in connection with such embalming, care and preparation for disposition, provided that any person rendering such services is allowed to perform such work under applicable law. I/We further acknowledge and agree that the embalming, care, and preparation for disposition authorized hereby may be performed at the funeral home's facility or at another facility equipped to provide such services. I/We represent that I/We have legal authority to give this authorization. I/We agree to indemnify and hold harmless the Funeral Home, it's 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.

(Witness)

(Signature and Relationship to Deceased) (Date)

(Witness)

(Signature and Relationship to Deceased) (Date)

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 two 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)