AUTHORIZATION FOR DISPOSITION WITH OR WITHOUT EMBALMING

TO: __________________________(Funeral Establishment Name)

RE: __________________________(Decedent) I, __________________________
do __do not__(check one) request embalming, which I understand is the addition to, or the
replacement of, body fluids by chemical preservatives or the application of chemical preservatives for
the temporary preservation of the body. I understand that embalming is not required by law.

I understand that for storage or embalming purposes the decedent may be transported to the
following licensed funeral establishment:
______________________________________________________________
(name and address of funeral establishment)
then returned for funeral services. I understand I may be charged an additional fee for transport.

The undersigned hereby represents that he/she has the legal right to control disposition of the
remains of the decedent.

Signed: __________________________, Relationship __________

Executed this ____day of _______________, _____, at City _______________, State ___.

To Be Completed by funeral establishment if Authorization to Embalm and Notification to Transport Is
Obtained Orally (by Telephone):

The above statement of authorization and notification was read to __________________________,
Relationship __________, who did __did not__(check one) authorize embalming at the above
named funeral establishment. City _______________, State ___, Phone (_____________) Date and
time authorization granted: _______________

Signature of funeral establishment representative accepting authorization.

I declare under penalty of perjury that the foregoing is true and correct. Executed this ____day of
______________, _____, at City _______________, State ___.

(s) __________________________