

# AUTHORIZATION TO EMBALM AND PREPARE

Name of Deceased: \_\_\_\_\_

Contract #: \_\_\_\_\_

I/ We hereby authorize \_\_\_\_\_ including its agents

(Funeral Home)

and employees, to Embalm, care for and prepare for disposition the body of \_\_\_\_\_,

(Name of Deceased)

in accordance with its customary 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 identify and hold harmless the Funeral Home, its 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.

Signature: \_\_\_\_\_

Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship: \_\_\_\_\_

Witnessed By: \_\_\_\_\_

Date: \_\_\_\_\_

(Funeral Home Representative)

If Authorization is Oral, Complete the Following:

Authorization Received From: \_\_\_\_\_

Relationship: \_\_\_\_\_

Received By: \_\_\_\_\_

Date & Time: \_\_\_\_\_

If permission can NOT be obtained, complete the following:

I hereby acknowledge that \_\_\_\_\_ has made a reasonable 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.

Name & Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name & Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(Funeral Home Representative)

# AUTHORIZATION AND RELEASE OF PERSONAL ITEMS

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\_\_\_\_\_ will not assume any responsibility for jewelry or other items worn by or placed  
(Name of Funeral Home)  
in the casket of the deceased. This is to certify that I, \_\_\_\_\_, am the immediate  
(Name)  
Next-of-Kin and/ or personal representative of \_\_\_\_\_. It is my desire or wish  
that  
(Name of Deceased)  
the following items(s) be worn or placed in the casket of the above mentioned deceased:

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I certify that I have the right to make this authorization and I agree to assume any and all liability for these items and I further agree to hold the Funeral Home harmless for any and all liability of said authorization in the event of any damage to or loss of these items.

Signature: \_\_\_\_\_

Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship: \_\_\_\_\_

Witnessed By: \_\_\_\_\_

Date: \_\_\_\_\_

(Funeral Home Representative)