



## AUTHORIZATION FOR EMBALMING AND/OR REMOVAL

The undersigned represents to \_\_\_\_\_ (“Funeral Home”) that  
(Name of Funeral Home)  
the undersigned is the surviving spouse or the next of kin of \_\_\_\_\_ (the  
(Name of Deceased)  
“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 apprentices 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.

SIGNATURES:

RELATIONSHIP TO DESCENDENT:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Relationship to deceased)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Relationship to deceased)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Relationship to deceased)

DATE: \_\_\_\_\_