

EMBALMING AUTHORIZATION FORM



Name of Decedent

ORAL PERMISSION:

Name of person with right to control disposition: _____

Relationship to the decedent _____

Date contacted _____ Time contacted _____

Phone number of authorizing individual _____

Signature of funeral home licensee / representative acquiring the **oral** permission

Printed name of funeral home licensee / representative acquiring the oral permission

WRITTEN AUTHORIZATION -- CONFIRMATION OF ORAL PERMISSION

I, _____, being the decedent's _____,
(printed name of person with right to control disposition) (relationship to deceased)

have requested _____ to embalm the body of
(funeral establishment)

(name of deceased)

Time contacted _____ Phone number of authorizing individual _____

Signature of the person with the right to control disposition

Date signed

Signature of funeral home licensee / representative acquiring **written** authorization

Printed name of funeral home licensee / representative acquiring written authorization