


PORTLAND
CREMATION CENTER, LLC, &
PORTLAND MORTUARY SERVICES
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 representative

Printed name of funeral home representative

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 representative

Printed name of funeral home representative

Type of Service:

Vascular Embalming: Autopsy Repair: Autopsy Repair & Embalming:

Special Instructions:

Photographic Documentation Consent and Notice

We reserve the right to photograph cases involving embalming, autopsy repair, and/or restorative procedures. These photographs are taken solely for professional documentation purposes to establish the condition of the decedent both prior to and following the embalming or related procedures. Such documentation may be necessary to verify the condition of the body, support the quality of care provided, and maintain accurate records in compliance with industry standards and legal requirements.