

Premier Mortuary Services
1410 7th St, Suite D2
Marysville, WA 98270
425-610-4164

AUTHORIZATION for EMBALMING

I hereby designate the above named funeral establishment to take charge of the funeral arrangements for

and I authorize the release and embalming of the remains to said funeral establishment. I represent that I am next of kin or am acting as an authorized agent for the next of kin.

Signed _____

Relationship: _____

Cosigned _____

Relationship: _____

Witness _____

Verbal Authorization by Phone:

Authorization given from: _____

Relationship: _____