State ID Tag #_____

EMBALMING AUTHORIZATION FORM

Affordable Burial & Cremation
915 NE Yaquina Heights Drive
Newport, OR 97365 (541) 265-7111

_____
Name of Deceased

ORAL PERMISSION:

Name of person with right to control disposition: _____

Relationship to the deceased _____

Date contacted _____Time contacted _____

Phone number of authorizing individual _____

_____
Signature of funeral home licensee / representative acquiring the authorization

_____
Printed name of funeral home licensee / representative acquiring the authorization

WRITTEN AUTHORIZATION -- CONFIRMATION OF ORAL PERMISSION

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

of _____ do / do not request
(name of deceased)

Bateman Funeral Home to embalm the body

of _____.
(name of deceased)

Time contacted _____ Phone number of authorizing individual _____

X_____ _____
Signature of the person with the right to control disposition Date signed

_____
Signature of funeral home licensee / representative acquiring authorization

_____

Printed name of funeral home licensee / representative acquiring authorization