Phillip & Sons
THE FUNERAL DIRECTORS, INC.

AUTHORIZATION FOR RELEASE AND EMBALMING

The undersigned, which represents hereby that he/she, has legal authority to do so, hereby authorize

_____

Name of Institution/Individual

To release the remains of

_____

Name of Deceased

Date of Death:_____/_____/_____Race:_____Sex:_____Date of Birth:____/____/____

The undersigned, understanding that embalming is not required by law except in certain special cases, authorizes the funeral establishment to utilize a licensed facility under the same general ownership and management or used licensed embalmers as agents or independent contractors or a commercial embalming establishment to care for, embalm, and prepare the body of the deceased.

The undersigned authorizes and directs the funeral establishment, to embalm and prepare the body of the deceased for burial and/or other disposition. In the event the licensed professional(s) responsible for preparation of the deceased deem it necessary, photographs could be required for identification, documentation of important information or procedures necessary for the proper preparation of the deceased with the understanding of confidentiality and respect for the deceased will be maintained.

Authorizer: _____ _____

Print (First Name Last Name) (Signature)

Witness: _____ _____

Print (First Name Last Name) (Signature)

Date Signed:_____/_____/_____

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