

Licensed Funeral Directors: C. RICHARD CLIFTON • C. DEREK CLIFTON • ERNEST N. PARKER • SCOTT WILSON

Established 1877

## *Allen-Summerhill Funeral Homes, Inc.*



126 East New York Avenue. DeLand  
(386) 734-4663

Mailing Address:  
P.O. Box 1527  
DeLand, Florida 32721-1527



163 South Volusia Avenue, Orange City  
(386) 775-4664

### **AUTHORIZATION TO EMBALM AND PREPARE**

DECEASED NAME: \_\_\_\_\_ Contract #: \_\_\_\_\_  
Permission to Embalm: Yes \_\_\_\_ No \_\_\_\_ Person giving Permission: \_\_\_\_\_

I/We hereby authorized *Allen-Summerhill Funeral Homes, Inc.*, including its agent and employees, to embalm, care for and prepare for disposition, the body of \_\_\_\_\_ in accordance with its customary practices. I/We acknowledge and agree that this authorization permits the Funeral Home to use the services of independent embalmers, apprentices or student interns in connection with such embalming, care and preparation for disposition, provided that any such person rendering such services is allowed to perform such work under applicable law. I/We further acknowledge and agree that the embalming, care and preparation for disposition authorized hereby may be performed at the Funeral Home's facility or at another facility equipped to provide such services. I/We represent that I/we have legal authority to give this authorization. I/We agree to indemnify and hold harmless the Funeral Home, its affiliates and their agents and employees from any and all liability or claims which may arise as a result of the Authorization to Embalm and Prepare or any action take in accordance herewith.

\_\_\_\_\_  
Signature and Relationship to Deceased      Date      Witness

\_\_\_\_\_  
Signature and Relationship to Deceased      Date      Witness

#### ***If Authorization is Oral, Complete to Following:***

Authorization received from: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

#### ***If No Permission can be obtained, Complete to Following:***

I hereby acknowledge that *Allen-Summerhill Funeral Homes, Inc.* has made a reasonable and diligent effort over a period of at least two hours to obtain authorization to embalm the deceased. Listed below are the names, telephone numbers and relationship to the deceased of each person we attempted to contact for authorization and the date and time each such attempt was made.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Funeral Home Representative: \_\_\_\_\_ Date: \_\_\_\_\_