

### **Authorization to Embalm**

I/ We, the undersigned, hereby authorize the release of the remains of the late \_\_\_\_\_ to Affordable Funeral Home, for preparation and burial.

**Body to be embalmed** Yes ( ) No ( ) **Body to be cremated** Yes ( ) No ( ) Not sure yet ( )

Deceased Name: \_\_\_\_\_ Age : \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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Informants Signature: \_\_\_\_\_

Informants Printed Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Witness' Name: \_\_\_\_\_

*Results of embalming may vary due to medical condition of remains such as: Jaundice, autopsy cases, accident, cancer, affects from respirator and long-term illnesses*

*In Louisiana, a body must be embalmed or refrigerated if burial or cremation will not occur within 30 hours of death. All remains must be embalmed for public viewing*