

*Johnson's Memorial Chapel, Inc*

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**AUTHORIZATION FOR REMOVAL AND EMBALMING**

I, or the undersigned, hereby direct and authorize **JOHNSON'S MEMORIAL CHAPEL**, and/or

its agents to take possession of \_\_\_\_\_, and to embalm same.  
Name of Deceased

\_\_\_\_\_  
Name (Authorization by phone) Name

\_\_\_\_\_  
Relationship Relationship

**AUTHORIZATION FOR REMOVAL WITHOUT EMBALMING**

I, or the undersigned, hereby direct and authorize **JOHNSON'S MEMORIAL CHAPEL**,

and/or its agents to take possession of \_\_\_\_\_,  
Name of Deceased

I, or we direct that there be no embalming or other preparation of the body of the above named deceased.

\_\_\_\_\_  
Name (Authorization by phone) Name

\_\_\_\_\_  
Relationship Relationship

\_\_\_\_\_  
Witness Date

Revised 12/10/2018  
Darryl L. Johnson, LFD/EMB

\_\_\_\_\_  
Funeral Home Representative