

Degree of Care Authorization Form

Date: _____ Funeral Home: Emmick Family Funeral Home & Cremation Services

The undersigned, hereby authorize and request the above mentioned funeral establishment, in accordance with and subject to its policies and procedures and any applicable state or local laws or regulations, to provide shelter and care to the human remains of: _____

Who died on: _____ at: _____

and to arrange for the following degree of care to the human remains, as set forth on this form.

Permission to Transfer

_____ Transfer from: _____ and provide shelter until further notice.

Degree of Care (Initial those that apply)

_____ Professional care for viewing and visitation to include embalming, dressing, cosmetizing, and hairstyling (if applicable)

_____ Provide refrigeration shelter until disposition and professional care to include washing, disinfecting, and setting of features.

_____ Provide refrigeration shelter until disposition.

_____ Specified Directive: _____

Signed: _____

Relationship: _____

Verbal Permission Obtained (Day&Time): _____

Funeral Director Signature: _____