

Castle Hill Funeral Home

Please print and complete the Authorization to Embalm Document.
This document is required for Castle Hill Funeral Home to embalm and prepare the
deceased's remains for viewing or visitation.

Email completed Authorization to Embalm to:
Castlehillfuneralhome@hotmail.com

If you are emailing multiple documents, please submit all documents in 1 email.

CASTLE HILL FUNERAL HOME

248 155th Place – Calumet City, IL
219 Sheffield Avenue- Dyer, IN

AUTHORIZATION TO ACCEPT OR DECLINE EMBALMING

NAME OF DECEASED: _____

DATE OF DEATH: _____

Embalming is the addition to, or the replacement of, body fluids by chemical preservatives or the application of chemical preservatives for the temporary preservation of the body. I understand that embalming is not required by law,

I the authorizing agent, **DO** _____ **or DO NOT** _____ request embalming . I understand that for storage or embalming purposes the deceased may be transported to ANY CASTLE HILL FUNERAL HOME LOCATION (248 155th Pl Calumet City, IL or 1219 Sheffield Ave Dyer, IN)

The undersigned hereby represents that he/she has the legal right to control the final disposition of the remains of the decedent.

Name: _____ Signature: _____

Relationship to Deceased: _____ Date: _____

VERBAL AUTHORIZATION TO ACCEPT OR DECLINE EMBALMING

The above statement regarding Embalming and Storage was read and/or provided to:
_____, relationship to the deceased: _____,

who **DID** _____ **or DID NOT** _____ authorize embalming at Castle Hill Funeral Home.

Date and Time of Authorization: _____

Funeral Director Name: _____

Funeral Director Signature: _____ Date: _____