

## AUTHORIZATION TO EMBALM

Name of Licensed Funeral Establishment: \_\_\_\_\_

NAME OF DECEASED: \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_

AUTHORIZATION TO EMBALM: YES: \_\_\_\_\_ NO: \_\_\_\_\_  
(Please initial) (Please initial)

The undersigned, understanding that embalming is not required by law except in certain circumstances, authorizes this funeral establishment to utilize a licensed facility to care for, disinfect, embalm and prepare the body of the deceased. The funeral establishment accepts the responsibility of revealing to the next of kin or person responsible for making final disposition arrangements, upon request, the name, address and license number of the facility where the embalming occurred along with the name and license number of the embalmer and any provisional licensee or mortuary student who assisted under the embalmer's direct supervision. The undersigned represents that he/she has full legal authority to give this authorization.

\_\_\_\_\_  
Signature of Next of Kin Date

\_\_\_\_\_  
Printed Name & Relationship

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

**If Authorization for embalming is ORAL, complete the following:**

Authorization to embalm received from: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_

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

Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. or p.m.

Received by: \_\_\_\_\_