

Grand Strand Funeral Home and Crematory

9506 Hwy. 707
Units 3 & 4
Myrtle Beach, SC 29588
843-650-3028

AUTHORIZATION TO EMBALM

Permission to embalm: YES NO Person giving permission _____

Deceased's name _____ Case # _____

I/We hereby authorize **Grand Strand Funeral Home and Crematory**, including its agents and employees, to embalm, care for and prepare for disposition the body of _____, in accordance with its customary practices.

I/We acknowledge and agree that this authorization permits the funeral home to use the services of independent embalmers, apprentices or student interns in connection with such embalming, care and preparation for disposition provided that any person rendering such services is allowed to perform such work under applicable law. I/We further acknowledge and agree that the embalming, care, and preparation for disposition authorized hereby may be performed at the funeral home's facility or at another facility equipped to provide such services. I/We represent that I/We have legal authority to give this authorization. I/We agree to indemnify and hold harmless the **Grand Strand Funeral Home and Crematory**, its affiliates and their agents and employees from any and all liability or claims which may arise as a result of this *AUTHORIZATION TO EMBALM AND PREPARE* or any action taken in accordance herewith.

(Witness)

(Signature and Relationship to Deceased)

(Date)

(Witness)

(Signature and Relationship to Deceased)

(Date)

If authorization is oral, complete the following:

Authorization received from _____ Relationship _____

Date and time received _____ Received by _____

AUTHORIZATION FOR LIMITED PREPARATION

I/We hereby authorize **Grand Strand Funeral Home and Crematory**, including its agents and employees, to follow customary professional practice to prepare the unembalmed body of _____ for viewing or other purpose. Such preparation shall include bathing, chemical disinfection, positioning of the body and facial features, closing the mouth and eyes, and other usual and customary treatments as required.

(Witness)

(Signature and Relationship to Deceased)

(Date)

(Witness)

(Signature and Relationship to Deceased)

(Date)

(Signature of Funeral Home Representative)

(Date)