



# GLUNT FUNERAL HOME AND CREMATORY INC

210 ERIE STREET, EDINBORO PA 16412

814-734-1611 • 800-781-2958

David T. Glunt, L.F.D. & Supervisor

Harry D. Glunt, L.F.D.

## Authorization to Embalm

Full Name of Deceased: \_\_\_\_\_ Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_

I/We authorize **Glunt Funeral Home and Crematory, Inc.** and its staff, independent contractors, and agents (including intern and/or practicum students under the direct supervision of a licensed embalmer) to care for, embalm, and prepare the body of the above named deceased.

I/We acknowledge that the authorization encompasses permission to embalm at **Glunt Funeral Home and Crematory, Inc.** facility or at another facility equipped for embalming.

I/We further acknowledge and understand that the embalming process is irreversible and that it may involve reconstructive surgery and other practices deemed necessary to prepare the body for burial or other disposition.

I/We certify that I/We am/are the next of kin of the above named deceased and/or have the complete legal right and authority to control the disposition of the above named deceased and to make/execute this authorization and that I/We are aware of no other person(s) with an equal or greater right to control who objects to this authorization.

I/We hereby agree to indemnify, defend, and hold harmless **Glunt Funeral Home and Crematory, Inc.** their directors, officers, employees, affiliates, agents, assigns and successors, of and from any and all claims, demands, causes or causes of action, and suits of every kind, nature and description, in law or equity, including any fines, legal fees, costs and expenses of litigation and against any loss it or any of them may sustain arising as a result of, based upon or connected with this authorization, or any other action performed by **Glunt Funeral Home and Crematory, Inc.** their directors, officers, employees, affiliates, agents, assigns or successors, pursuant to this authorization.

Done this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

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

Signature of Witness: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Authorization Received via (circle):    Telephone    In Person    Facsimile    Pre-need