



AUTHORIZATION FOR EMBALMING

The undersigned represents to Frank Kapr Funeral Home, Inc. of 417 West Pittsburgh Street, Scottdale, Pennsylvania that the undersigned is the surviving spouse or the next of kin of _____ or is the legal representative of such person, and as such, has the paramount right to direct the disposition of the body of the Decedent.

The undersigned authorizes and directs the Frank Kapr Funeral Home, Inc., its employees, independent contractors, and agents (including apprentices and/or mortuary students under the direct supervision of a licensed embalmer), to the care for, embalm and prepare the body of the Decedent. The undersigned acknowledges that the authorization encompasses permission to embalm at the Frank Kapr Funeral Home, Inc. or at another facility equipped for embalming.

SIGNATURES:

RELATIONSHIP TO DECEDENT

DATE
