

Furlong Funeral Home

Main Office

P.O. Box 361, 50 Broad Street
Summerville, PA 15864

(814) 856-2550

(800) 582-6840

Gregory K. Furlong FD, Owner

www.furlongfuneralhome.com

Branch Office

P.O. Box 161, 140 Cherry Street
Marienville, PA 16239

(814) 927-6643

Mark M. Gudalis FD, Sup.

AUTHORIZATION FOR EMBALMING

Date _____, 20____

The undersigned represents to Furlong Funeral Home

(“Funeral Home”) that the undersigned is the surviving spouse or the next of kin of:

_____ (“The Decedent”), or is the legal

representative of such person, and, as such, has the paramount right to direct the disposi-

tion of the body of the Decedent.

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

SIGNATURES:

RELATIONSHIP TO DECEDENT:

FOR VERBAL (TELEPHONE) AUTHORIZATION

Authorization from _____

Relationship _____

Date _____ Time _____ Received by _____