

Amy Stittsworth Funeral Service
and Cremation Directors
2420 N. Washington
Enid, Oklahoma 73701

Stittsworth Funeral Service
117 East Cherokee
Medford, Oklahoma 73759

EMBALMING AUTHORIZATION FORM

NAME OF DECEASED

ORAL/TELEPHONIC PERMISSION

Name of authorizing individual: _____

Relationship to the deceased: _____

Date contacted: _____ Time contacted: _____

Phone number/s of authorizing individual: _____

Funeral home representative acquiring authorization: _____

WRITTEN AUTHORIZATION and/or CONFIRMATION OF ORAL PERMISSION

I, _____, being the _____ of the deceased,
request that Stittsworth Funeral Service and Cremation Directors, or its agents DO DO NOT
embalm the body of the above-named deceased.

I, the undersigned, further authorize Stittsworth Funeral Service and Cremation Directors to
take any photographs or fingerprints of the above-named deceased for purposes of
identification or other purposes deemed necessary by the funeral home. I understand that any
photos or fingerprints, if taken, will become part of the decedent's confidential file.

Signed: _____ Date: _____