



EMBALMING AUTHORIZATION FORM

Name of Deceased

ORAL PERMISSION:

Name Of Authorizing Individual: _____

Relationship To The Deceased: _____

Date Contacted: _____ Time Contacted: _____

Phone Number Of Authorizing Individual: _____

Name Of Funeral Home Representative Acquiring Authorization: _____
(printed name)

WRITTEN AUTHORIZATION and/or CONFIRMATION OF ORAL PERMISSION:

I, _____, being the _____ of _____
(name of authorizing person) (relation to deceased) (name of deceased)

have given my permission for embalming.

The undersigned further authorizes AAsum-Dufour Funeral Home to take identification photos or any other photos the funeral home deems necessary. If any photos are taken they will become part of the decedent's confidential file.

Signed: _____ Date: _____
(signature of authorizing individual)

Phone Number Of Authorizing Individual: _____

Name Of Funeral Home Representative Acquiring Authorization: _____
(printed name)