

AUTHORIZATION TO ACCEPT OR DECLINE EMBALMING

TO: CALIFORNIA FUNERAL ALTERNATIVES
(Funeral Establishment Name)

RE: _____
(Decedent)

Embalming is the addition to, or the replacement of, body fluids by chemical preservatives or the application of chemical preservatives for the temporary preservation of the body. **I understand that embalming is not required by law.**

I, _____, do do not (circle one) request embalming.

I understand that for storage or embalming purposes the decedent may be transported to the following location.

Embalming facility:

LEGACY FUNERAL&CREMATION (License # 2009) 7043 University Ave., La Mesa, CA 91941
CARE CENTER CREMATION & BURIAL (License # 2097) 7403 Princess View Drive St. E, San Diego, CA 92120

Storage facility:

CREMATION SERVICES, INC. (License # CR75) 2570 Fortune Way, Vista, CA 92083

The undersigned hereby represents that he/she has the legal right to control disposition of the remains of the decedent.

Signed: _____, Relationship to Decedent: _____

Executed this _____ day of _____ (Month) _____ (Year)

City and State _____

This section is to be completed by the funeral establishment if authorization to accept or decline embalming is obtained orally.

The above statement regarding embalming and storage was read and/or provided to _____

Relationship to Decedent: _____, who did ___ did not___ (check one) authorize embalming at the above named funeral establishment. Telephone number _____

Date and time authorization granted: _____

This section is to be completed by the funeral establishment representative who is executing this authorization to accept or decline embalming I declare under penalty of perjury that the foregoing is true and correct.

Executed this _____ day of _____ (Month), _____, (Year)

City and State _____.

Funeral Establishment Representative (Print Name) Funeral Establishment Representative (Signature)