

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)