

Authorization to Embalm

The undersigned hereby authorize _____ (*Name of Funeral Home*) and/or its agents, to care for, embalm and otherwise prepare for burial and/or other disposition the body of _____ (*Deceased*).

I (we) hereby represent that I am (we are) of the same and nearest degree of relationship to the deceased and/or are legally authorized or charged with the responsibility for such burial and/or other disposition.

Signature

Relationship to Deceased

Signature

Relationship to Deceased

Signature

Relationship to Deceased

Witness

Date